

## CONSENT FOR PROSTHODONTIC IMPLANT HYBRID PROSTHESIS

I, ....., hereby give my informed consent to undergo surgical and restorative treatment a prosthodontic implant hybrid prosthesis. I understand that this involves the placement of dental implants and the fabrication of a fixed hybrid prosthesis on multiple implants to replace my missing teeth. This consent relates to the *prosthetic component* of the implant restorative treatment.

I have been informed of the following:

1. **Prosthetic (Restorative) Procedure:** Based on the surgical plan, an *interim* fixed dental prosthesis are placed within 24 hrs of surgical placement of the dental implants. The final restorative phase of dental implant treatment will commence 4-5 months after implant placement, as will be determined by implant surgeon; this is when the dental implant has integrated with the bone.
2. **Interim Prosthesis:** Following dental implant placement, an *interim fixed prosthesis* will be placed to support healing and provide immediate esthetics and limited function in the early weeks. For upper fixed implant prosthesis where bone grafting procedures are needed, a conventional *interim removable upper denture* will be in place during the healing phase of a bone grafting procedure without dental implants. Please note that changes in speech may be present, and this is mostly expected with an upper fixed prosthesis.
3. **Risks:** There are potential risks associated with any type of implant prosthesis, including chipping or cracking of the acrylic part of the prosthesis. Occlusal wear of the denture teeth on the prosthesis can be expected with long term function. Screw loosening of the tiny screws holding the prosthesis in place may occur and this can be re-tightened and /or replaced. An opposing zirconia (ceramic) prosthesis may cause wear of a hybrid prosthesis compared to opposing natural teeth. A nightguard is advised at all times to reduce these risks.
4. **Benefits:** The benefits of the implant hybrid prosthesis include improved oral function, improved bite force (compared to a conventional denture), improved esthetics, and improved overall quality of life. The prosthesis will be securely attached to the implants and will function close to natural teeth.
5. **Material Selection:** A fixed hybrid prosthesis has a titanium substructure with an acrylic wrap around and high-quality, high strength denture teeth.
6. **Allergic reactions:** Some patients may have or develop an allergic reaction to the acrylic (if this is their 1<sup>st</sup> dental prosthesis). This can manifest as localized inflammation, itching, or a rash.
7. **Alternatives:** There are alternative treatment options, including conventional removable dentures or removable (snap-on) implant dentures. There are alternative material options for a fixed implant prosthesis such as a zirconia ceramic prosthesis. These options were discussed with me and I understand that I have the right to choose the option that is best for me.

8. Speech: Speech is a function of the position and relationship between the front upper and lower teeth. Changes in the position of front teeth may affect speech. Changes in speech are common in fixed upper prosthesis and these changes may be small and patient adapt to the changes easily. With significant effects on speech, this will be addressed with modifications in the provisional prosthesis before the final prosthesis is fabricated.
9. Maintenance: Future repairs or adjustments may be needed to the prosthesis. With significant wear, the denture teeth may need replacement in future. I will be provided with specific instructions for maintaining my prosthesis and implants.
10. Hygiene:<sup>1</sup> I understand that regular hygiene and cleaning appointments are needed to ensure their longevity and proper function. Removal of the prosthesis may be recommended to provide optimal access to dental implants for professional cleaning procedures. Regular use of a waterpik (water flosser) for home care maintenance is required. Instructions on the use of a water pik will be provided.

I have had the opportunity to ask questions about the prosthodontic implant hybrid prosthesis and the risks, benefits, and alternatives associated with it. I understand the nature of the prosthetic procedure and its potential complications, and I consent to the procedure.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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