



**Personal data/Datos personales**

**Date/Fecha:**

Name/Nombre y Apellidos:

Date of birth/Fecha de Nacimiento:

**Patient information sheet**  
**Implantation with/without  
augmentation**



An implant is the best and highest quality tooth replacement. Adjacent teeth are spared and they mimic the appearance of real teeth, making the mouth look natural. The shape and colour of the crown, added later, are optimally adapted to the neighbouring teeth.

After the anaesthetic, Dr Víctor Hernández Darías makes a small incision in the gum to expose the bone. In a multi-step process, a small opening is then made in the jawbone.

In certain situations, this is done with a drilling template, or also freehand.

Once the angle of this opening (drill hole) has been checked, the implant is screwed in. We mostly use titanium implants.

In case of extreme intolerance, the use of ceramic implants may be advisable.

The gum is sutured shut and a healing phase of two to three months begins.

If additional bone substitute material is found to be lacking during surgery, it is also inserted. Here, Víctor uses your own bone or substitute material, depending on the amount needed.

**Consent to the dental procedure**

I have been informed that the above-mentioned measure is to be carried out on me. I was adequately informed about the nature, purpose and course of the intervention, as well as about its main advantages and disadvantages and risks, also in comparison to other methods of examination, treatment, surgery and refraining from the intervention.

I am aware that under certain circumstances the intervention may have to be supplemented and an extension or modification of the planned measures may only prove necessary intraoperatively. I have been made aware of possible physical, psychological and professional complications in the period following the procedure.



I was also made aware of the following possible complications:

- Swelling, secondary bleeding and pain
- Wound healing disorders/infections
- Foreign body aspiration
- Numbness in the lower lip, tongue, nose, face
- Injury/loss of neighbouring teeth, jaw fracture
- Loss of other teeth
- Opening of the maxillary sinus/luxation of the implant into the maxillary sinus
- De-scaling of the maxillary sinus
- Allergic reactions
- Immediate failure or over many years

Any particular problems I had were discussed in detail, specifically:

I have been informed that photographic documentation of my operation may be taken and I consent to this. I affirm that I have named all ailments and complaints known to me in my medical history, as well as allergies.

I was informed of the necessary pre- and post-treatment measures.

I have read and understood the treatment consent form.

The nature, extent, risks and chances of success of the treatment were explained to me in detail in an informative meeting. I will follow the guidelines.

I have considered my decision thoroughly and do not need any more time to think about it. I fully consent to the treatment.

Palma de Mallorca,