

Name:
Date:

Implant Questionnaire

You have just been informed verbally and in writing about possible complications that can arise soon after implant surgery and during the following week or so.

Please list all of the complications that you recollect being informed about:

You have just been informed verbally and in writing about possible complications that can arise in the longer term after surgery, including complications involving adjacent structures.

Please list all of the complications that you recollect being informed about:

Please tick Yes/ No

Will a dental implant always become attached to the bone after surgery? YES NO

Could your implant/s last your lifetime? YES NO

Could your implant/s fail and need removal? YES NO

Is there a chance that the false tooth or teeth (such as crown, bridge or denture) supported by the implants may need replacing or adjusting in the short and long term? YES NO

Will regular maintenance and monitoring of the implant of the implant/s by a dentist be needed?
YES NO

Will you need to pay particular care to your daily oral hygiene regime relating to your implant?
YES NO

Can you get a type of gum disease or bone-loss around implants? YES NO

Will maintenance, repairs or replacement of your implant and overlying crown, bridge or denture incur additional charges? YES NO

Please tick those complications in the following list which you recall being informed as possible early after-effects and complications of implant surgery during the first week or so of healing:

Pain

Bruising, facial discolouration, facial swelling

Prolonged bleeding

Temporary nerve damage causing numbness, tingling or altered sensation

Infection around the surgical site

Sensitive or looseness of adjacent teeth

Temporary reduced mouth opening

Infection or damage to the sinus or nasal cavity or dislodgement of the implant into these cavities

Accidental inhalation or swallowing of foreign object matter

Allergic reactions to antibiotics, anaesthetics or other medication

Name:
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Please tick those complications in the following list which you recall being informed about that can possibly arise in the longer term:

- Permanent numbness, tingling or altered sensation of lip, tongue or cheek
- Adjacent tooth gum recession, sensitivity, looseness or loss of vitality
- Gum recession around the implant causing visible metal at gum margin
- Complications involving the sinus, including infection
- Implant fracture, necessitating its removal or replacement
- Gum disease and/or bone-loss around the implant possibly necessitating its removal
- Possible impact on speech

Please tick those factors in the following list which you recall being informed as compromising implant survival or increasing problems with implant restorations:

- Smoking
- Excessive alcohol consumption
- Poor oral hygiene
- Changes to general health such as diabetes
- Excessive forces on implants such as tooth grinding or biting too hard such as on ice-cubes

Please tick those complications in the following list which you recall being informed as possible complications or repairs of the false tooth or teeth (crown, bridge or denture) overlying the implant.

Only tick for the restoration relating to your implants

If you are having an implant-retained crown or bridge, ONLY tick option 1.

If you are having an implant-retained denture, ONLY tick option 2.

Option 1 (Crown/Bridgework)

Loosening of the implant crowns

Fracture of the implant crowns

Option 2 (Dentures)

Fracture of the denture necessitating repair

Loosening of the denture, necessitating a reline or replacement of retentive components on the implants or in the denture

Wear and tear, necessitating the fabrication of a new denture

Possible food-trapping beneath the denture