



EDUCATION INSTITUTE

ABOUT DR. BOBBY CHHOKER



I'm Dr Bobby Chhoker and I've been placing Implants for almost 25 years. I have a Masters Degree in Implant dentistry and have thoroughly enjoyed teaching Implant dentistry for over 15 years. I currently teach the postgraduate Certificate, Diploma and Masters Degree in Implant dentistry developed by myself and Professor Stewart Harding here in Australia.

Back when I started I was failing to increase my scope of practice in implant dentistry and was completely frustrated. I tried all the short courses but they were often too complicated and did not offer any form of long term support.

Then suddenly I came across the answer! What made the difference to my journey was that I was lucky enough to find the support and guidance of a mentor, and with the help of that mentorship I created a model that worked time and time again, not only making my practice precise and predictable but also exciting again and future proofing my career. I took all the failures, experiences, tips and secrets and created a plan, a pathway that logically and predictably planned out my success, it made me different and the dentist to go to! I realised that a good course with templates and fundamentals as well as mentorship allowed my students to start placing safely almost straight away, they then expanded on these skills in a set out programme to treat more and more complicated cases.



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IMPLANT CONSENT FORM

Patient Care Letter & Consent Form

This information is to help you make an informed decision about having implant treatment. You should take as much time as you wish to make the decision in relation to signing the following consent form. You are encouraged to ask any questions, and have the answers to your satisfaction before you give permission for the treatment to be carried out.

During the course of the implant treatment it is important that you keep the dentist informed of any changes to your general medical condition and of any other additional treatment you may be receiving from a doctor or dentist. Failure to keep the dentist informed may adversely affect or delay your treatment.

It is also important that you keep your appointments and do not miss any stages, as this could adversely affect treatment and delay placement of the new teeth. If an appointment is missed or cancelled with less than 48 hours notice an additional fee will be charged.

Below is described your proposed dental implant treatment and the formal terms and conditions of my engagement. I apologise for the large amount of information contained in this letter but it is important that you should understand and read it carefully. Please keep this letter in a safe place as the treatment described is long-term and it can often be difficult to remember the exact details several months later. Also you have visited the patient web site www.dr.bobbychhoker.com containing further information regarding your implant treatment. If you are unclear as to any of the areas discussed please contact me.

WHY ARE IMPLANTS NEEDED?

Once teeth are lost, the bone in which they are embedded gradually disappears because it is no longer required to support the teeth. The teeth and lost bone are usually replaced by removable dentures or fixed bridges to restore appearance, speech and mastication. As with all man made substitutes for nature's living tissues, there are drawbacks to artificial appliances. Dentures reduce masticatory efficiency and can suffer from poor retention. On the other hand, bridges involve cutting away healthy teeth in order to provide support.

An alternative method of tooth replacement is to insert implants into the jawbone to support the false tooth or teeth. Such implants may become firmly attached or integrated with the bone and act in a similar manner to a tooth root. If an implant is placed immediately or soon after a tooth is extracted, jawbone is preserved and its further loss prevented. For this reason it is best not to delay the decision to place implants, as bone will be lost with time which can make the placement of implants more difficult. However, even after considerable bone loss has occurred, it may still be possible to place an implant although additional bone grafting techniques may be required.

THE PROCEDURE AND ASSOCIATED RISKS

1. The condition of the jaws will be assessed for suitability and the treatment planned using X-ray films, photographs and models of the teeth. It may be necessary to take a Jaw Scan (CT) type X-ray to check the amount and position of the available bone. The final decision whether or not to proceed with implant placement will be made at the time of surgery and will be determined by the quality and quantity of the jaw bone.
2. An important nerve runs in the lower jaw that supplies sensation to the lower lip and skin of the chin. Obviously the X-ray is important in determining the position of this nerve avoiding the slight possibility of injury which could result in altered sensation.
3. In the upper jaw it is important to ascertain the size and position of the air sinuses and nasal cavities prior to implant insertion. Occasionally the implants may have to be placed slightly into the sinus or nasal cavity. Usually this is not noticeable but there may be a slight nasal discharge with a small amount of temporary bleeding. In rare situations the implant may fall into the sinus cavity and have to be removed.
4. If the implants are being placed between existing teeth then there is always the slight risk that the tooth, its roots or supporting bone may be damaged during the placement procedure. This is more likely to occur if the teeth are very close together or their roots badly angled reducing the amount of space required to accommodate the implant. If this is the case it will have been identified during your assessment and discussed with you prior to implant treatment.

TYPE OF IMPLANT PLACEMENT

IMPLANTS CAN BE INSERTED IN ONE OF TWO WAYS:

1. Immediate insertion is when the dental implant is placed at the same time that the tooth or teeth are removed. The advantages of this approach are a reduction in treatment time and bone preservation. Whether or not this is possible will depend on the condition of your bone at the time of extraction. If infection is present it may be necessary to defer implant placement for three months while new healthy bone reforms in the area.
2. Post immediate dental implant placement is insertion of the implant into a region of the mouth where the tooth or teeth have previously been removed or have been missing for some time.

Implant treatment may entail a combination of the above insertion methods and the time required to place them will depend on the number being inserted and their position in the mouth. Every effort will be made to keep the time to a minimum whilst not jeopardising the final result.

TYPE OF ANAESTHETIC

The procedure is usually performed under a local anaesthetic, with conscious sedation.

CONSCIOUS SEDATION

This is a technique in which a drug is used to produce a state of depression of the central nervous system enabling treatment to be carried out, but during which with the patient remains conscious and verbal contact is maintained.

AFTER IMPLANT PLACEMENT

After the procedure there will be some discomfort and swelling. The degree of swelling will depend upon the number of implants placed and whether or not additional surgical procedures were carried out. Occasionally along with the swelling there may also be slight bruising of the skin overlying the area which will fade over a week. If you are a smoker or have a pre-existing medical condition which affects soft tissue healing, the amount of swelling may be greater. The gum tissue in the region where the implants have been placed may change appearance or colour and take on a white appearance for a short time (normally two weeks) after surgery. After 6/10 days once the soft tissue has healed sufficiently the stitches are removed if dissolving stitches have been used this may not be necessary. During this period it may not be possible to wear dentures. After this stage the implants will be left undisturbed for at least three months to attach to the jawbone. During this period the top of the implant may show through the gum slightly and metal may become visible. Although this is normally no cause for concern, should it occur please contact the practice to have the area checked.

MAKING THE NEW TEETH

After a 3/6-month period a second surgical procedure may be necessary to expose the implants and check for firm bony attachment. In the event that an implant has failed to take it can simply be removed, as it will not be attached to bone. Once the implants have been uncovered and are firm a post or abutment will be connected which will be used to support either a provisional denture or bridge. This intermediate stage will last approximately two months allowing time for the gums to settle and form a tight attachment to the implant abutment. During this time the abutment may become visible as the gum shrinks slightly exposing the underlying metal. The final teeth will be made to cover as much of the exposed metallic areas possible improving the final appearance. Impressions will be necessary prior to construction of the final restoration.

APPEARANCE OF THE FINISHED TEETH

Every effort will be made to ensure your final teeth look natural and just the way you want them to appear. Unfortunately it is not always possible to guarantee the appearance of the gum tissue surrounding the implant teeth. This may be the case if you have had gum disease or been without teeth for many years or have lost jawbone as the result of an accident. In this situation it may be necessary to replace the missing or damaged gum by grafting procedures or the application of gum coloured plastic. Your dentist will discuss these alternatives with you should they be required.

If the implant tooth or crown is biting against natural teeth occasionally it may be necessary to adjust the height or length of the real teeth. This is because natural teeth have a tendency to continue growing out of the gum or over-erupt when they have no corresponding tooth to bite against. As a result the height of the over-erupted tooth may need to be reduced by slight grinding to correct the over-eruption. This tooth adjustment is only minor so a local anaesthetic is not required.

The final aesthetics of the teeth are limited by your anatomy and the position of your bone and hence the implants, with full mouth cases you will be given up to two try in appointments to finalise this, should you require any changes after signing off to complete the bridge you will incur charges for a full new bridge. The aesthetics of the provisional bridge where applicable will be optimised for Implant taking and integration and may not be ideal however every effort will be made with the above considered to make good to your satisfaction and within reason on the final bridge.

You may have speech differences and increased saliva flow in full mouth cases which are different case to case and you are willing to accept these although every effort will be made to help with speech.

TREATMENT TIMING

The total treatment time required will vary with the degree of difficulty and the amount of work needed. It is important to bear in mind that the teeth have to be made individually to suit your specific requirements and mouth. This type of precision work is very time consuming and cannot be rushed, as it must be of the highest quality. Prior to fitting the finished teeth a variable number of visits may be necessary to make fine adjustments to the teeth. Therefore, it is important to keep your dentist informed of any travel arrangements or important engagements you may be planning and to give as much notice as possible.

WHAT HAPPENS IF THE IMPLANTS DO NOT TAKE

Fortunately this occurs rarely and the success rate for dental implants is 97% [1]. However, failures are still a possibility and an understanding of this is a prerequisite for proceeding with your treatment. Any potential problems specific to your implant treatment will have been anticipated and discussed with you before treatment starts.

Should an implant fail to take then it is often possible to replace it with a second implant at the same time as the first implant is removed. It will of course be necessary to wait a further six months while the second new implant attaches to the bone. It is not difficult to replace the failed implant at this time, as it will be very loose and is easily removed.

FACTORS ASSOCIATED WITH AN INCREASE RISK OF IMPLANT FAILURE

Overall, dental implant failure is low and there are no absolute contraindications to implant placement. However certain conditions have been found to be correlated with an increased risk of failure. If you are over age 60, smoked, had a history of diabetes or head and neck radiation, or were postmenopausal and on hormone replacement therapy there is a significantly increased chance of implant failure compared with healthy patients.

Even in otherwise healthy patients it has also been shown that alcohol and tobacco consumption can reduce the rate of success. These habits also have an effect on the rate of healing and may increase the chances of post-operative infection.

Studies have shown that smoking significantly increases the risk of implant failure. If you smoke even lightly then your chances of success are reduced by 15% and if you smoke 20 or more cigarettes a day the failure rate is 30%. For this reason implants are not recommended in smokers unless the habit is stopped. Starting smoking following implant placement is very likely to result in loss of implants which have successfully taken and cause infection of the gum surrounding the implant. Should you smoke after Implant treatment by signing this consent you accept full responsibility and costs for any failures.

AFTER CARE AND MAINTENANCE REQUIREMENTS FOR IMPLANTS

Implants are not "Fit and Forget" they need the same care and attention as nature teeth. On completion of treatment it will be necessary for you to attend a number of recall appointments to check the condition of the implants and to adjust the bite if required.

After this, regular six monthly dental check-ups are required to monitor the condition of the implants and any remaining natural teeth. Also regular hygiene maintenance appointments, as a build of plaque

will cause gum problems and possible bone loss from around your implants, resulting in their eventual loss.

If you have teeth and implants mixed together it is also very important to maintain the health of the natural teeth. Should the natural teeth become infected or are lost for any reason the remaining implants may be damaged by the extra pressure caused by the addition work load.

IMPLANT SUPPORTED REMOVABLE DENTURES ONLY

If a removable denture has been made to fit over your implants it is important to understand that in addition to the above it will require replacing approximately every three years, depending on the amount of bone loss, which has occurred from your mouth. Failure to compensate for this loss, by adjusting or remaking the denture, will place extra strain on the implants, which could result in their eventual loss or breakage. If the over denture is held onto the implants by mechanical clips, then these too will need to be periodically replaced as a result of wear during to normal function.

PATIENT STATEMENT OF INFORMED CONSENT TO UNDERGO PROPOSED DENTAL TREATMENT AND IMPLANT THERAPY

Carefully read each paragraph and having read and understood each statement please initial each on the dotted lines that follow each section. In signing the form at the end of this section, you are stating that you have read the introduction to implant treatment, consent form and the following sections on your specific proposed treatment. Although it contains medical/dental terms that you may not completely understand on first reading, you have the opportunity to ask questions and have them answered to your satisfaction, such that you understand the information in this form and letter.

If you wish to proceed with the treatment described below you will need to initial each of the following three sections and sign the consent section at the end of the form and bring them all with you on the day of your treatment.

CURRENT SITUATION

As you are aware your upper right second molar tooth has broken and has a poor long term outlook. This tooth has been physically identified to you. You understand that all risks and complications as well as retreatment and costs are at your expense and the total responsibility lies with you. You have declined further specialist referral. You are concerned about the long term effects of the area and therefore have been referred by yourself for an opinion. We have discussed the options of review, specialist referral, denture, bridge or implant treatment with or without grafting you have elected to have the tooth replaced with implant treatment with grafting where required from human source or bovine (cow)

source bone and collagen membrane. Immediate and delayed options have been discussed with risks and complications. The advantages, disadvantages, complications, risks, particularly, implant failure, bone loss around implants and replacement (AT A COST TO YOU), altered sensation, nerve damage, further grafting, sinus and nasal cavity complications where applicable, bruising, denture wear, delayed treatment, infection especially with your previous condition, swelling, post operative pain, graft failure, and in particular the aesthetics of the final restoration, GAL and colour match as well as a longer tooth and the use of pink porcelain, lack of natural gaps between the teeth, limitations in the aesthetics, risks/complications of bridges and cleaning under them long term, cleaning and restorative complications, also alternatives, costs, aftercare and maintenance have been discussed with you extensively. You have also been advised of failure of implant treatment leaving insufficient bone for further treatment, meaning you will need to wear dentures ongoing which may not have satisfactory retention or ease of use. The cost of a new denture will be paid for by you if required. We have also discussed at length aesthetic limitations meaning we are unable to predict where the bone and gum will settle ie you tooth height compared to the adjacent teeth, giving you a longer tooth or the use of pink porcelain, you are happy to accept this. You are also aware that the other teeth of poor outlook specifically identified with you will need to be replaced immediately after treating the incisors to ensure longevity of your treatment and to prevent overloading and failure of the implant treatment.

PROPOSED TREATMENT

It is proposed that your identified upper right second molar tooth with a poor long term outlook above is removed and replaced with an implant crown following bone grafting. While the implants bond to bone and/or the graft matures you have decided not to wear a denture. In the absence of bone after grafting the site will be further grafted with additional costs to you and the treatment may be delayed meaning you will have to wear a denture for twelve months or longer. You would prefer the use of your bone and human source or bovine bone with collagen membrane.

We have checked your oral hygiene and found it to be good and a review to assess your oral hygiene capability and motivation. We have been over your hygiene extensively and have clarified using disclosing solutions and examination that you have a satisfactory level of oral hygiene which you understand will need to be maintained. You are aware of the long term aftercare and maintenance with your dentist and at home as well as the complications and risks of not cleaning/having the prosthesis cleaned properly which will ultimately result in failure of the treatment. Dr Chhoker has been through your oral hygiene instructions with demonstrations for cleaning with a toothbrush, mouthwash, Waterpik and superfloss. You accept full liability and responsibility for this and the consequences of inefficient cleaning and a lack of maintenance and aftercare.

Should your oral hygiene become unsatisfactory following initial implant placement we retain the right to provide removable appliances in the form of removable dentures instead of fixed restorations. You understand and are happy to accept this.

You are a non smoker and you are aware of the significantly increased risks of implant failure associated with smoking. Should you start smoking there is a high chance your treatment will fail. You accept full responsibility for this.

***There is no warranty for the implant treatment including the teeth so all complications will need to be financially covered by yourself. You are also aware that you grind and failure to wear a grinding device provided may cause complications and failure. You are happy to accept this and comply ongoing.

***You are also aware that you will need to attend twice yearly to have the treatment assessed and the treatment reviewed, failure to do this within 4 weeks of the assigned review period will mean the responsibility and complications that occur as a result will be financially and otherwise be taken up by yourself meaning you will be responsible for all costs ongoing.

*** You are also aware that should the treatment fail it may leave you with insufficient bone for further implant treatment meaning you may be limited to a denture with complications of poor retention ongoing and indefinitely.

YOU CONFIRM THAT THIS INFORMATION BOOKLET AND CONSENT HAS BEEN GIVEN TO YOU TO READ AND YOU HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND THE CONSENT DOES NOT CONTAIN ANY WORDS OR TERMS YOU DO NOT UNDERSTAND. DR CHHOKER HAS TAKEN ADDITIONAL TIME TO MAKE SURE YOU UNDERSTAND EVERYTHING IN THE CONSENT.

COST OF YOUR TREATMENT AND TERMS OF FEE PAYMENT

\$4750 as per your treatment plan

DO NOT SIGN THIS DOCUMENT IF YOU ARE NOT IN AGREEMENT WITH ANY PART OF THE ABOVE STATEMENT AND REFER BACK TO DR CHHOKER FOR FURTHER DISCUSSION.

ACCEPTANCE FOR TREATMENT

Patients will only be accepted for this treatment if they can demonstrate that they can maintain a high level of plaque control and oral hygiene. There should be no medical conditions that would contraindicate the procedure. It is important to inform the dentist of any changes to your general health or medical condition.

Forty eight hours notice of cancellation will be required to avoid a charge.

Implant Consent Form

DR BOBBY CHHOKER

DENTIST

I confirm that I have explained both verbally and as described in this letter the procedure or treatment, and such appropriate options as are available to the patient in terms which in my judgement are suited to the understanding of the patient.

PATIENT (This section to be completed by the patient).

- 1) If there is anything that you do not understand about the explanation, or if you want more information, you should ask the dentist.
 - 2) Please check that all the information on the form is correct. If it is, and you understand the explanation letter, then sign the form. You should also ensure that you have read the information leaflet and referred to the website www.dr.bobbychhoker.com
 - 3) A copy of this consent letter and form will be kept with your medical notes.
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I agree to:

- the procedure that has been proposed and explained to me by the dentist named on this form.
- the administration of either a local general or other appropriate anaesthetics
- the terms and conditions of fee payment as stated above

I understand:

- that the procedure may not be completed or carried out by the dentist who has been treating me so far
- and have been fully informed of the nature of the treatment outlined above and of any likely complications of the treatment
- that any procedure in addition to the treatment described in this letter will only be carried out if necessary and in my best interests and can be justified for medical reasons.

I have:

- told the dentist about any additional procedures I would not wish to be carried out without my having the opportunity to consider them first .
- informed the dentist about my existing medical conditions and infectious diseases that are known to me.
- informed the dentist about any previous or current psychiatric conditions or treatment.

Patient Signature

_____/_____/_____
Date

SOURCE:

[1]<https://www.dentalcompare.com/News/127189-Close-to-100-Success-Rate-for-Straumann-SLA-Dental-Implants-in-Large-Scale-10-Year-Study/>