**Implant Placement Home Care Patient Name:**

This instruction sheet will help you to understand the dental implant placement procedure.

1. Eat a nutritious breakfast or lunch.

2. A local anesthetic will be used.

3. A small incision may be made in your gums to obtain access to the location where implants will be placed.

4. Several sizes of small drills will be used to make precise, painless preparations in the locations where the implants will be placed.

5. Implants will be placed into the prepared sites.

6. If an incision is made, your gum tissue will be sutured together to isolate the newly placed implants from oral fluids and foods. The stitches will dissolve by themselves, unless we advise you differently.

7. You will be asked to bite on gauze sponges for at least one half-hour after the implant placement to stabilize any incision and stop any slight blood flow.

8. You may be given 2 prescriptions which you should have filled and begin to use immediately:

a. A pain relieving medication to control discomfort. Take this medication only until you do not need it anymore.

b. An antibiotic to control any potential infection. Please take this medication as directed until the tablets are gone.

9. Anesthesia should remain in your mouth for at least 1 hour after we are finished.

10. As soon as possible after treatment, place ice in a plastic bag and put it on and off the outside of your face for a few hours over the sites where the implants were placed. This reduces the potential swelling and bruising. However, you may still have some swelling and bruising for a few days.

11. There may be a feeling of numbness caused by the surgery that lingers for a short time. Usually, this feeling goes away within a few days. In very few cases it does not go away totally.

12. Eat and drink only soft foods for a few days. The less force you put on the implant area for the next several days the better and faster will be the healing. Over 95% of implants are accepted well by the body, and about one out of 20 is rejected and must be replaced.

13. We anticipate that these implants will serve you well for many years.

*I have read and understand the above information.*

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Patient’s name Signature Date