

IMPLANT INFORMATION

WHAT EXACTLY ARE DENTAL IMPLANTS AND WHAT CAN THEY DO FOR ME?

Implants are substitutes for teeth and they are today's best alternative to your natural teeth. They offer you a permanent or secure solution for replacing one or more teeth. They are made of biocompatible materials (Grade IV titanium), and function as anchors or support for traditional forms of dentistry, such as crowns, bridges or dentures. There are numerous other reasons to choose dental implants:

- Implants bolster the biting forces as they act like the roots of real teeth.
 - Maintain or improve chewing function. This is naturally important in eating a healthy diet
 - Minimizes damage to remaining teeth
 - adjacent teeth not needed to be cut or ground down to support a bridge.
 - adjacent teeth aren't compromised as anchors for a denture.
 - optimal oral hygiene maintained for whole dentition.
- For existing full dentures: Implants eliminate the need for distasteful adhesives and massively improve a denture's retention / stability.
- Implants will help maintain your jaw bone structure. This will in long term reduce bone atrophy, which causes "shrinkage" and cosmetic changes.

ARE IMPLANTS SUCCESSFUL?

Implants, as we know them today, have been in existence for at least thirty five years. For the last ten years, however, success rates are consistently over 95% with proper personal and professional care.

WHAT IS THE PROCEDURE LIKE?

There are many variations in implant protocol but basic stages include:

Pre-surgical Stage: Consultation: Assessment of x-rays and examination of oral tissues is performed. It is important that active "periodontitis" has been appropriately treated and maintained to minimise infection. Impressions are taken for study models and possibly to construct surgical guide or to make temporary denture.

1st Stage (Surgical): This may be done at time of tooth removal, delayed 6-8 weeks or done at a site years after tooth loss. Using very accurate surgical techniques, an incision is made in the gum tissues and implants are placed into dimensionally controlled sites (depth and width) in the jawbone. The implant is then either submerged (2-stage surgical technique) or a healing abutment +/-temporary tooth is immediately screwed onto implant fixture and gum tissues are then closed around with sutures. The healing phase begins (osseointegration). This may take anywhere from 2-6 months to ensure a strong base.

2nd Stage (If required): This is minor surgical stage is performed only for aesthetically critical sites (upper anteriors) or where bone quality/quantity compromises the stability of implant placement during 1st stage. A healing abutment, temporary crown or bridge is then placed onto the implant and the gum tissue closed.

3rd Stage: Creating and fixing the new definitive tooth or teeth to the implant structure constitutes the third and fourth stages. This is usually completed by your general dentist at their rooms two months after your second stage. At the third appointment, your temporary crown/bridge will be removed and an impression taken of the implant. This allows for your final and permanent crown to be made by the dental laboratory and usually takes two weeks.

4th Stage: This appointment consists of removing your temporary crown/bridge and placing the final and permanent crown or bridge.

HOW MUCH DO THEY COST?

As there are many variations in implant therapy protocol costs will vary. Each case is different. Initially, you might feel dental implants are expensive. However, they represent a more permanent and natural solution than bridges or dentures.

DOES IT HURT?

Usually, discomfort is not a problem. In fact, many have said that having a tooth pulled was more painful! The anaesthetic used is the same as if you were having a filling. After the procedure you will be given appropriate medications and analgesics.

HOW LONG WILL IT TAKE?

Recent advances by implant manufacturers are reducing the time for initial implant procedures. Treatment times may vary from immediate to over 12 months. Generally a healing period of 2 to 6 months is required before your restorative dentist can complete the implant-supported prosthesis. **As implants are a significant investment that should last decades, it is important not to compromise the result by taking unnecessary short-cuts.**

WILL I BE WITHOUT TEETH OR HAVE A GAP?

You will never be without a tooth / teeth. Your restorative dentist/s will ensure that a temporary bridge or denture is available for the implant healing period.

HOW DO I TAKE CARE OF MY IMPLANTS?

Normal routine home care and professional cleaning visits are required. Generally, the care is very similar to how you would look after your own teeth

IT IS STRONGLY RECOMMENDED THAT YOU ATTEND AT LEAST ONCE A YEAR AT THE SPECIALIST ROOMS TO MAINTAIN OPTIMUM HEALTH OF THE IMPLANT.

WHAT IF I CHANGE MY MIND?

If at any time you have questions on why a treatment is necessary or require time to think about options you should contact your clinician and tell them of your concerns.

Dr. Adrian Hoffman

BDS(Syd), FDSRCS(Eng), MDSc(Qld), FRACDS(Perio)

Registered Dental Specialist (Periodontist) – 0417 102 710

Dear, _____

We welcome you to our visiting practice in River Street Ballina (please find map attached). We look forward to seeing you for your first appointment with Dr Adrian Hoffman on:

Date: _____ Time: _____



Dr Hoffman graduated in dentistry in 1994 from the University of Sydney where he was elected President of the Dental Undergraduate Association. He then served in the Australian Army as a Captain Dental Officer for 2 years before relocating to the UK. Whilst training in Oral Surgery, Oral Medicine and Prosthodontics, he attained his Fellowship of the Royal College of Surgeons of England. Dr Hoffman returned to Australia in late 2000 to commence his 3 year specialist training program in Periodontics at the University of Queensland. Dr Hoffman was the President of the Australian Society of Periodontology (QLD) in 2006, and was the President of Gold Coast Dental Study Club in 2008.

You may have been referred to Dr. Hoffman to assess your suitability for dental implants to replace a failing or missing tooth or to bolster the foundations of your bite and avoid the inconvenience of dentures.

In order to assist us we would appreciate it if you would bring with you the following items:

- **Completed medical / dental history forms (please find enclosed).**
- **Referral letter and previous x rays (if not already sent by your dentist).**
- **Your existing manual or electric toothbrush.**

The usual cost of this initial appointment is \$170 for consultation fee and preparation of report and treatment plan (Insurance item 017). While we formulate your treatment plan, we will strive to answer all of your questions and also arrange medications (like antibiotics or sedatives) that will assist during your surgical appointments.

There may be a need to take impressions for study models to help fabricate a provisional interim bridge or denture. Also if there is evidence of active periodontal disease, you will need to undergo further assessment or therapy as it predisposes you to infection of implants (peri-implantitis). Being a periodontal practice we have an ethical duty of care to assess the health of your gums (which are the foundation of your teeth). Meticulous oral hygiene instructions will also be given to minimise risk of implant surgical infection.

You will be kept well informed of the requirements and costs if this is required on this first visit to our practice.

More information can be obtained through our website: www.pacificperio.com.au

Dear, _____

We welcome you to our visiting practice in River Street Ballina (please find map attached). We look forward to seeing you for your first appointment with Dr Adrian Hoffman on:

Date: _____ Time: _____



Dr Maziar Tavazoei graduated in 1998 from Carol Davila University in Bucharest, Romania and then commenced a residency program in restorative dentistry at Mashhad Dental School in Iran. Dr Tavazoei worked as a restorative and implant dentist for 10 years before migrating to Australia in 2010 with his wife and 2 children. Maziar practiced dentistry in Yeppoon, central Queensland for 3 years, and then moved to beautiful Gold Coast to complete his 3 year specialist training program in periodontology and implantology at Griffith University. Maziar graduated with a doctor of clinical dentistry degree in periodontology in 2015 and is looking forward to working in specialist private practice in his hometown on the Gold Coast.

You may have been referred to Dr. Tavazoei to assess your suitability for dental implants to replace a failing or missing tooth or to bolster the foundations of your bite and avoid the inconvenience of dentures.

In order to assist us we would appreciate it if you would bring with you the following items:

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MEDICAL AND DENTAL HISTORY FORM

WE RESPECT YOUR PRIVACY

It is important for us to know details of your medical and dental history so that your treatment plan can be tailored to your personal needs. We assure you this information will be held in strict confidence and not disclosed to any other persons or parties, unless you give permission to do so.

PERSONAL DETAILS

TITLE: MR / MRS / MS / MISS / MASTER / DOCTOR / CAPTAIN / OTHER _____

NAME: _____ D.O.B: ___/___/___

ADDRESS: _____

STATE: _____ POSTCODE: _____

MOBILE: _____ HOME: _____ WORK: _____

EMAIL: _____ OCCUPATION: _____

PREFERRED CONTACT METHOD: SMS Mobile Telephone Work Telephone Home Email

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ PHONE: _____

NAME OF HEALTH FUND: _____

MEDICAL DOCTOR'S NAME: _____ SUBURB: _____

REFERRING DENTIST'S NAME: _____ SUBURB: _____

HOW DID YOU HEAR ABOUT US: Website Yellow Pages Advertisement Patient Referral

PATIENT REFERRAL - WHO? _____

CANCELLATION POLICY

Dr Hoffman and staff do expect and appreciate you keeping your agreed appointment. If cancelling your appointment becomes unavoidable, the more notice you provide the better, as this enables us to reschedule other patients and avoid highly trained staff and equipment sitting idle. Consequently, we require one week notice, or 48 hours as an absolute minimum. If we receive less than 48 hours notice, a cancellation fee of \$150.00 will apply.

- (Please tick to indicate that you have read and will comply with the above)
- I understand that all treatment is to be paid for on the day of treatment and all information collected will be treated in confidence (Please tick).
- I understand that I need to continue to see my general dentist for regular dental check-ups.

PATIENT/GUARDIAN SIGNATURE: _____ D.O.B: ___ / ___ / ___

MEDICAL HISTORY:

Please indicate below if you have, or have ever, had any of the following:

Blood Disorder (anaemia/leukaemia) <input type="checkbox"/>	Prosthetic Heart Valve <input type="checkbox"/>	Bone Disease eg:- Osteoporosis <input type="checkbox"/>
Other blood disorder <input type="checkbox"/>	Heart/Cardiac pacemaker <input type="checkbox"/>	Paget's disease/cancer spread to bone/multiple myeloma <input type="checkbox"/>
Blood Pressure-High/Low <input type="checkbox"/>	Stroke <input type="checkbox"/>	Nerve/Muscular Disorder <input type="checkbox"/>
Cortico-Steroid therapy <input type="checkbox"/>	Radiation therapy <input type="checkbox"/>	Stomach disorder (gastritis) <input type="checkbox"/>
Diabetes Type I/Type II <input type="checkbox"/>	Lung disease (asthma/emphysema) <input type="checkbox"/>	Bowel disorder <input type="checkbox"/>
Epilepsy <input type="checkbox"/>	Tuberculosis <input type="checkbox"/>	HIV <input type="checkbox"/>
Heart murmur <input type="checkbox"/>	Kidney/Liver disease <input type="checkbox"/>	Hepatitis A, B or C (please circle) <input type="checkbox"/>
Heart surgery/disease/attack <input type="checkbox"/>	Thyroid disease <input type="checkbox"/>	Anxiety/Stress/Depression <input type="checkbox"/>
Females: Number of Pregnancies <input type="checkbox"/>	Prosthetic Joint (Hip/Knee) <input type="checkbox"/>	

Have you ever taken Biphosphonate medication, e.g. Alendronate, Fosamax, Risedronate, Pamidronate, Zoledronic acid? Yes / No

Please briefly explain any medical treatment for any of the above conditions: _____

Are you presently taking any medications? Yes / No

Please List: _____

Are you presently taking any medications? Yes / No

If so, give details: _____

Have you ever been a smoker? Yes / No

Do you currently smoke? Yes / No

If "No", when did you quit? _____

If "Yes" for how long? _____

How many per day on average? _____

NAME: _____ PATIENT/GUARDIAN SIGNATURE: _____ D.O.B: ___/___/_____

DENTAL HISTORY:

FOR YOUR COMFORT: Many people are still nervous about coming to the dentist. Whilst the improvements in techniques and anaesthetics have helped most people, you may still be apprehensive and wish us to take extra measures for your comfort. Please circle the number that indicates your present level of apprehension.

Completely at Ease | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Petrified!

Have you had adverse reactions to local or general anaesthesia? Yes / No

Do you normally require antibiotic cover before treatment? Yes / No

Have you experienced any difficult extractions or bleeding problems as a result of dental treatment? Yes / No

ORAL HYGIENE:

When was your last dental cleaning? _____

Do you use an electric or manual tooth brush? _____

Do you use: Floss / tooth picks / interproximal brush _____

If "Yes" for how often? _____

PRESENTING COMPLAINT:

Are you aware of any of the following oral symptoms?

Nothing, dentist just referred me on <input type="checkbox"/>	Bad breath <input type="checkbox"/>
Bleeding on brushing <input type="checkbox"/>	Bad taste <input type="checkbox"/>
Bleeding on flossing <input type="checkbox"/>	Sensitivity to cold <input type="checkbox"/>
Loose/mobile teeth <input type="checkbox"/>	Staining <input type="checkbox"/>
Gum recession <input type="checkbox"/>	Abscess / gum boil <input type="checkbox"/>

Details: _____

NAME: _____

PATIENT/GUARDIAN SIGNATURE: _____ D.O.B: ___/___/___

CLINICIAN SIGNATURE: _____ D.O.B: ___/___/___

LOCATION DETAILS

BALLINA, NSW

Shop 22 "The Boulevard", 70 River Street,
Ballina NSW 2478 Australia

info@pacificperio.com.au

07 5559 5911

