

## 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 practice (Suite 1/419 Golden Four Drive Tugun). 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). A 3-D low-radiation cone beam scan may be required to appropriately assess the residual bone volume. Our bone scan costs \$165 and involves insurance item number 039. There may also 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).

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

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. 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.

More information can be obtained through our website: [www.pacificperio.com.au](http://www.pacificperio.com.au)

Dear, \_\_\_\_\_

We welcome you to our practice (Suite 1/419 Golden Four Drive Tugun). We look forward to seeing you for your first appointment with Dr Sarah Benton on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_



Sarah is originally from Perth Western Australia where she completed her undergraduate dental degree with honours in 2008. In her 3rd year of dental school, Sarah made a somewhat spontaneous decision to join the Navy, where she completed her last two years of university. She enjoyed her time in the Navy so much that she went on to complete 10 very happy years in the service, experiencing wonderful opportunities to work all over Australia and on ships overseas.

On the weekends you will probably find Sarah out at a local dressage or eventing competition, rock-climbing, or enjoying our beaches.

**You may have been referred to Dr. Benton 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.**

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Dear, \_\_\_\_\_

We welcome you to our practice (Suite 1/419 Golden Four Drive Tugun). We look forward to seeing you for your first appointment with Dr Charlie Boast on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_



Dr Charlie Boast graduated with a Bachelor of Dental Surgery from the University of Adelaide in 2003. Following graduation he practiced general dentistry in Adelaide for 12 years. In addition to his private practice Charlie worked as a house officer in Adelaide's Women's and Children's Hospital specialist paediatric dental unit from 2006-2008. He became a fellow of the Royal Australian Dental College in 2011, before graduating from the University of Queensland with a Doctor of Clinical Dentistry in Periodontics in 2018. Charlie is a member of Australian and New Zealand Academy of Periodontics, Australian Dental Association and Australian Society of Periodontists.

Charlie takes great personal satisfaction in seeing the transformative effects on his patient's wellbeing resulting from thoughtfully delivered specialist periodontal and reconstructive care.

**You may have been referred to Pacific Periodontics and Implants 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.**

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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"/>	





**DR ADRIAN HOFFMAN**

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

**DR CHARLIE BOAST**

BDS(Adel), D.Clin.Dent (Qld), FRACDS

**DR SARAH BENTON**

BDS (hons)UWA, DClinDent(qld), FRACS

**REGISTERED DENTAL SPECIALISTS**

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? \_\_\_\_\_

PATIENT/GUARDIAN

NAME: \_\_\_\_\_ 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

### TUGUN, GOLD COAST

Suite 1, 419 Golden Four Drive, Tugun QLD  
4224 Australia

[info@pacificperio.com.au](mailto:info@pacificperio.com.au)

**07 5559 5911**

