



## **DENTAL IMPLANTS** **PRE-SURGICAL INSTRUCTIONS**

YOU HAVE BEEN SCHEDULED FOR DENTAL IMPLANT SURGERY. THIS IS A PROCEDURE DURING WHICH DENTAL IMPLANTS ARE PLACED TO HOLD A BRIDGE OR A CROWN. PLEASE FAMILIARIZE YOURSELF WITH THE FOLLOWING INSTRUCTIONS BEFORE YOUR APPOINTMENT TO MAKE YOUR PROCEDURE MORE COMFORTABLE AND SUCCESSFUL.

1. A LIGHT MEAL ONE HOUR BEFORE YOUR APPOINTMENT IS SUGGESTED. DO NOT ARRIVE ON AN EMPTY STOMACH.
2. PLAN ON DRIVING YOURSELF HOME UNLESS A PRE-SURGICAL SEDATIVE HAS BEEN PRESCRIBED. IN THAT CASE HAVE SOMEONE DRIVE YOU TO AND FROM YOUR APPOINTMENT.
3. YOU SHOULD PLAN ON TAKING THE REMAINDER OF THE DAY OFF WORK. YOU SHOULD BE ABLE TO RETURN TO WORK THE FOLLOWING DAY.
4. IF YOU HAVE A BITESPLINT, PLEASE BRING IT TO YOUR APPOINTMENT. IT WILL BE CHECKED AND ADJUSTED. ALSO, AN OCCLUSAL ADJUSTMENT MAY BE NECESSARY. THIS IS A PROCEDURE WHICH INVOLVES SLIGHT SANDING OF THE BITING SURFACES OF THE TEETH. THIS WILL HELP YOUR BITE BECOME MORE EVEN AND THEREFORE HELP YOUR PERIODONTAL HEALTH.
5. THE SURGERY APPOINTMENT LASTS 1 ½ HOURS; 2 ½ HOURS; OR 3 HOURS. YOU WILL BE GIVEN TIME TO SIT UP OR WALK IF NEEDED.
6. IF YOU HAVE AN ORTHODONTIC RETAINER, REMOVEABLE PARTIAL OR FLIPPER PLEASE BRING IT WITH YOU TO YOUR APPOINTMENT.
7. A LOCAL ANESTHETIC WILL BE USED AND NON-DISSOLVABLE SILK SUTURES WILL BE PLACED. THE SUTURES WILL BE REMOVED ONE WEEK AFTER THE SURGERY.
8. IF YOU TAKE ASPIRIN, COUMADIN OR ANOTHER BLOOD THINNER, PLEASE INFORM DR. MASON OR DR. LAMBLE NOW. ALSO, IF YOU ARE NOT TAKING A MULTIPLE VITAMIN DAILY, PLEASE BEGIN TAKING THEM BEGINNING ONE WEEK BEFORE YOUR APPOINTMENT AND FOR SIX WEEKS FOLLOWING.
9. WE HAVE A RADIO OR A CD PLAYER AVAILABLE. PLEASE FEEL FREE TO BRING IPOD'S OR CD'S.

PLEASE CONTACT OUR OFFICE IF YOU HAVE ANY QUESTIONS, 792-4431  
THANK YOU

**If you would like, please visit our website:**

**[www.doctormasononline.com](http://www.doctormasononline.com)**

FOR FURTHER INFORMATION ABOUT YOUR PROCEDURE

**EXAMINATION / CONSULTATION**



**REMOVE TOOTH**

**RIDGE BUILDUP**

(To replace bone lost after tooth loss)



**6 MONTHS**

**REMOVE TOOTH**

**IMPLANT PLACEMENT**

(Implants are covered by gum)

**RIDGE BUILDUP**

(To replace bone lost after tooth loss)



**4 MONTHS 6 MONTHS 8 MONTHS**



**IMPLANT EXPOSURE**

(Metal healing cap above gum)



**4-8 WEEKS**

Dr. \_\_\_\_\_

**Impressions**



**2 WEEKS**

Placement of:

**Crown**

**Bridge**

**Denture**

Total treatment Time: **MONTHS**