



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY DENTAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

MCDS

25 March 2004

MEMORANDUM FOR All U.S. Army Dental Command Personnel

SUBJECT: U.S. Army Dental Command (DENCOM) Policy Letter 04-01, Use of Dental Implants.

1. Dental implant therapy is an accepted treatment modality for patients with missing teeth and should be considered a treatment option for selected active duty personnel given workload demand and budgetary constraints in the individual Dental Activities (DENTACs). Minimally, resources should be available to provide follow-up care for active duty personnel.
2. Policy:
 - a. The Regional Dental Commands will identify prosthodontic and surgical consultants who are able to advise their command, the subordinate DENTACs, and Clinic Commands regarding dental implant treatment.
 - b. The DENTAC commander will appoint an Implant Officer to develop the DENTAC's implant budget, monitor the implant inventory and expenditures, and serve as the subject matter expert for implant-related issues. The DENTAC commander may elect to appoint an Implant Treatment Planning Board for the benefit of residency training programs. The Implant Officer will serve as the chairperson of this board.
 - c. Implant therapy will continue to be a "team approach" by providers with appropriate credentials and annotated privileges. Appropriate credentials will either be the successful completion of a formal residency-training program that includes implantology or an approved continuing education program in implantology. The restorative dentist (prosthodontist or comprehensive dentist) will initiate implant treatment plans and serve as the "team leader." Privileged providers will place the implant(s) based on input from the restorative dentist.
 - d. Implant therapy will only be initiated when the patient has adequate time on station to complete both the surgical and restorative phases of treatment.
 - e. Implant fixture selections should be based on both the ease of follow-up at U.S. military installations and the ability of the Army Dental Laboratory to fabricate the final restoration. It is cost effective to use Nobel Biocare or 3i implant fixtures as the DENCOM currently has business agreements with these companies to provide implant fixtures at a reduced cost.

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f. Title 10 does not permit dental treatment of family members who are enrolled in the TRICARE Dental Plan (TDP). This policy prohibits implant therapy for these family members and precludes them from participating in educational programs to meet accreditation standards, serving as patients for a board certification process, or helping a specialist maintain clinical proficiency. This policy, along with the increased operational requirements to support the Global War on Terrorism, precludes provision of dental implant therapy to other than active duty personnel (OTADs) in CONUS locations plus Hawaii and Alaska. Other than active duty personnel, except for family members of active duty who are enrolled in the TDP, may have implant(s) placed in an Army Oral and Maxillofacial Surgery Training Program with a referral from a civilian dentist. These OTADs will be financially responsible for both the restoration and maintenance of these implant(s).

g. All implant patients will complete the "Informed Consent Form For Implant Treatment" indicating that they agree to the follow-up restrictions prior to the initiation of treatment:

(1) Active Duty Military Personnel: Continuous care until release or retirement from active duty.

(2) Other Than Active Duty Patients: Patient must agree to full personal financial responsibility for any prosthodontic or maintenance care that cannot be provided in a military facility, which would include care provided through civilian sources. CONUS maintenance care is normally limited to one year after delivery of the prosthesis. OCONUS patients will be followed until they lose their eligibility or return to a CONUS location.

(3) Patients Who Lose Military Eligibility: (i.e. release from active duty, loss of dependent status, etc.): Care will discontinue automatically on their loss of eligibility date, unless the patient is granted special status to allow continuation of medical benefits as dictated by law.

(4) Research/Education Patients: Eligible beneficiaries may have their follow-up period extended in support of dental research/education or specialty board requirements on a case by case basis.

h. The following are guidelines for proper documentation in dental treatment records:

(1) Surgical phase: type of implant platform and manufacturer, part number, lot number, length and width of fixture, fixture location, any grafting to include type and/or source of bone augmentation, and tissue regeneration /membrane placement procedures.

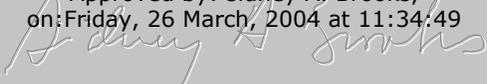
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(2) Restorative phase: If appropriate, type of abutment, abutment part number (if applicable), connection verification radiograph, and torque. If applicable, type of restoration to include whether final restoration is screw retained or cemented, alloy type, type of cement, torque, and connection verification radiograph.

(3) Maintenance phase: Health of hard and soft tissue, screw torque as appropriate, OHI.

3. The Point of Contact is COL Jimmie Schmidt at DSN 471-6528.

Signature Authenticated by ApproveIt, 
Approved by: sidney A. Brooks,
on: Friday, 26 March, 2004 at 11:34:49


SIDNEY A. BROOKS
Colonel, DC
Commanding

INFORMED CONSENT FORM FOR IMPLANT TREATMENT

I have been informed during my consultation about the nature of my proposed implant treatment including the nature of implants, implant surgery, risks of treatment, restorative phase of treatment, requirements and limitations of follow-up care, and about alternatives to this treatment, including no treatment.

1. **IMPLANT SUCCESS.** I understand that for implants to be successful they normally must bond directly to bone (called osseointegration). It has been explained to me that implants are not always successful, and that the success or failure of my implant(s) will determine the final design of the restoration(s) placed in my mouth and whether the restoration(s) will be permanently fixed to the implant(s) or will be removable by me.

2. **TREATMENT.** I understand that the initial surgical procedure involves making an incision in the soft tissue and exposing the underlying bone. Holes are drilled into the bone and the implant(s) will be placed into these holes. The gums are then stitched closed and the area allowed to heal for a variable period of time (3-6 months, or more). I understand that I may have to avoid wearing any type of restoration/appliance over the implant site(s) for a period of time after the surgery. After the healing period, a second surgical procedure is performed to expose the implant(s) and attach extensions to the implant(s) that will eventually support the restoration(s). After this second surgery, the prosthodontic phase of my treatment will take place and will involve multiple appointments.

3. **ALTERNATIVES TO IMPLANTS.** I have considered the following alternatives to implant treatment:

- No treatment.
- Construction of conventional complete or partial denture(s) or maxillofacial prosthesis.
- Tooth replacements with conventional bridgework supported by my remaining natural teeth (if possible).

4. **RISKS OF IMPLANT TREATMENT.** I have been informed and I understand that surgical risks include, but are not limited to: post operative swelling and limited mouth opening that may last for several days, infection, bleeding, adverse drug reaction, discomfort, bruising, injury to adjacent teeth, perforation of the sinus or floor of nose, bone fracture, jaw joint surgery, loss of one or more implants, damage (transient or permanent) to the nerve that gives feeling to the lower lip that could result in numbness, tingling, or other sensation in the lower lip.

I understand that prosthodontic risks include, but are not limited to: failure of an implant to fused or join with the bone (may be immediate or delayed), fracture of the implant and/or implant components, wear of the restoration requiring remake, compromised esthetic or functional outcome as a result of implant loss or less than ideal angulation or position of the implant(s).

I understand that failing implants would require surgical removal, and may require additional prosthodontic procedures or the subsequent placement of additional implant(s).

5. **NO GUARANTEE.** No guarantee or warranty of any kind has been made to me that the proposed implant treatment will be completely successful or that the final restoration(s) will be totally successful from a functional or esthetic (appearance) standpoint. I understand that no medical or dental procedure is totally predictable and that this includes treatment with osseointegrated implants. I understand that because of unknown or unforeseen factors, further surgical and/or prosthetic procedures beyond those described to me might be necessary.

6. **PHOTOGRAPHY.** I understand that photographs and movies may be taken during the diagnosis, surgical, and restorative phases of my implant treatment. I consent to the obtaining and viewing of these images by various authorized personnel undergoing training or indoctrination at this or other training facilities, subject to the following conditions: (a) my name will not used to identify said images and (b) said images will be used only for purposes of medical/dental study or research.

7. **FOLLOW-UP CARE.** I understand that the long-term success of my proposed implant treatment requires that I perform the necessary hygiene and maintenance procedures as directed by the doctor, and that I continue follow-up and recall appointments. Follow-up care provided by the Army Dental Corps will be:

Active Duty Military Personnel: Continuous care until release or retirement from active duty.

Other Than Active Duty Patients: Maintenance care for patients within the continental United States (CONUS) is normally limited to one year after delivery of the prosthesis. Patients outside the continental United States will receive maintenance care for their prosthesis until they lose their eligibility or return to a CONUS location.

Patients Who Loose Military Eligibility (i.e. release from active duty, loss of dependent status, etc.): Care must discontinue automatically.

Research/Education Patients: Eligible beneficiaries may have their follow-up period extended in support of dental research on a case-by-case basis. Patients in this category of care are subject to annual review to determine eligibility for continuation of care.

I understand that I am fully responsible for all follow-up care the Army does not provide and that the government will not reimburse me for that follow-up care. After initial treatment is complete, the maintenance/follow-up appointments need to be scheduled semiannually or annually. The follow-up care for which I am responsible could include repair or replacement of the implant and/or restoration.

7. I have had an opportunity to read this form, ask questions, and have my questions answered to my satisfaction. I hereby consent to the placement of implants and the associated prosthetic procedures for restoring the implants.

_____ Patient Signature & Date

_____ Witness Signature & Date

_____ Doctor Signature & Date