

DENTAL IMPLANT PATIENT INFORMATION AND CONSENT FORM

1. I have been informed and I understand the purpose and the nature of the implant surgery procedure. I understand what is necessary to accomplish the placement of the implant under the gum or in the bone.
2. My doctor has carefully examined my mouth. Alternatives to this treatment have been explained. I have tried or considered these methods, but I desire an implant to help to secure or replace the missing teeth.
3. I have further been informed of the possible risks and complications involved with surgery, drugs and anesthesia. Such complications include post operative pain, swelling and infection and wound exposure. Numbness of the lip, tongue, chin, cheek, or teeth may occur if your implant has to be placed close to a nerve bundle. The exact duration may not be determinable and may in very rare cases be irreversible. Also possible are inflammation of a vein, injury to teeth present, bone fractures, sinus penetration, delayed healing, allergic reactions to drugs or medications used. Even though these complications are very rare, if they occur, they might need further interventions
4. My doctor has explained that there is no method to accurately predict the gum and the bone healing capabilities in each patient following the placement of the implant.
5. It has been explained that in some instances implants fail and must be removed. I have been informed and understand that the practice of dentistry is not an exact science; no guarantees or assurance as to the outcome of the results of treatment or surgery can be made. Sometimes the healing and host response is not optimal and the implant need further treatment and care. Further treatment can be necessary in the short term and in the long term.
6. I have been informed that I have 2 years warranty on my dental implants. If I loose an implant, the clinic will replace that implant for me free of charge as long as it is necessary to the treatment or possible due to sufficient bone volume. I have 2 years of warranty on the teeth (prosthesis)on top of the implants. Warranty does not cover failure due to changes in general health, medication induced, accidents, neglected oral hygiene, gum and bone resorption and absence of check up at least once a year.
6. I understand that excessive smoking, alcohol, or sugar may affect gum healing and may limit the success of the implant. I agree to follow my doctor's home care instructions.
7. I agree to the type of anesthesia (Local Anaesthesia - if different, you will be informed verbally)
8. To my knowledge I have given an accurate report of my physical and mental health history. I have also reported any prior allergic or unusual reactions to drugs, food, anesthetics, blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health.
9. I consent to photography, filming, recording, and x-rays of the procedure to be performed and shown or used for dental implant education.
10. I request and authorize medical/dental services for me, including implants and other surgery. I fully understand that during, and following the contemplated procedure, surgery or treatment, conditions may become apparent which warrant, in the judgment of the doctor, additional or alternative treatment pertinent to the success of comprehensive treatment. I also approve any modification in design, materials or care, if it is felt this is for my best interest.

Signature of Doctor

Signature of Patient