Implant Consent

1. I have been informed and afforded the time to fully 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 secure the placement of missing teeth.

3. I have further been informed of the possible risks and complications involved with surgery, drugs, and anesthesia. Such complications include pain, swelling, infection and discoloration. Numbness of the lip, tongue, cheek, or teeth may occur. The exact duration may not be determinable and may be irreversible. Also possible are thrombophlebitis (inflammation of the vein), injury to teeth present, bone fractures, sinus penetration, delayed healing, allergic reactions to drugs or medications used, etc...

4. I understand that if nothing is done of any of the following could occur: bone disease, lost of bone, gum tissue inflammation, infection, sensitivity, looseness of the teeth followed by necessity of extraction. Also possible are temporomandibular joint (jaw), problems, and headaches, referred pains to back of the neck and facial muscles, and tired muscles when chewing. In addition, I am aware that if nothing is done an inability to place implants at a later date due to changes in oral or medical conditions could exist.

5. My doctor has explained that there is no method to predict accurately the gum and the bone healing capabilities in each patient following the replacement of the implant.

6. It has been explained that in some instances implants fail and must be remove. I have been informed and understand that the practice of dentistry is not an exact science; no guarantees or assurances as to the outcome of the results of the treatment of surgery can be made. I am aware that there is a risk that the implant surgery may fail, which might require further corrective surgery or the removal of the implant with possible corrective surgery associated with the removal.

7. I understand that excessive smoking, alcohol, or blood sugar may effect gum healing and may limit the success of the implant. I agree to follow my doctor's home care instructions. I agree to report to my doctor for regular examinations as instructed.

8. I agree to the type of anesthesia, depending on the choice of the doctor. I agree not to operate a motor vehicle or hazardous device for at least 24 hours or more or until fully recovered from the effects of the anesthesia or drugs given for my care.

9. To my knowledge, I have given an accurate report of my physical and mental health history. I have also reported any prior allergic reactions to drugs, food, insect bites, anesthetics, pollen, dust, blood, or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health.

10. I consent to photography, filming, recording, x-rays, and additional professional staff observing the procedure to be performed for the advancement of implants dentistry, provided my identity is not revealed.

11. I request and authorize medical/dental services for myself, including implants and other surgery. I fully understand the contemplated procedure, surgery, or treatment conditions that may become apparent, which warrant, in the judgement of the doctor, additional or alternative treatment conditions that may become apparent, which warrant, in the judgment of the doctor, additionally or alternative treatment pertinent to the success of the comprehensive treatment. I also approve any modifications in design, materials, or care, if it infelt this is for my best interest. If an unforeseen condition arises in the course of treatment which calls for the performance if the procedures in the addition to or different from that now contemplated, I further authorize and direct my doctor, associate or assistant, to do whatever they deem necessary and advisable under the circumstances, including the decision not proceed with the implant procedure.

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Signature of Patient/Guardian Signature of Witness

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Signature of Doctor