



dental studio

Implant Surgery 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 gum or in the bone.
2. My doctor has carefully examined my mouth. Alternatives to the treatment have been explained. I have tried or considered these methods, but I desire and implant to help secure the 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, chin, cheek, or teeth may occur. The exact duration may not be determinable and may be irreversible. Also possible are inflammation of the vein, injury to the teeth present, bone fractures, sinus penetration, delayed healing, allergic reactions to drugs or medications used.
4. I understand that if nothing is done, any of the following can occur: bone disease, loss of bone, gum tissue inflammation, infection, sensitivity, looseness of teeth followed by possible extractions. Also possible are temporomandibular joint (jaw) problems, headaches, referred pain to the back of the neck and facial muscles and sore muscles when chewing.
5. My doctor has explained that there is no method to accurately predict the gum and bone healing capabilities in each patient following the placement of an implant.
6. I have been informed that the final esthetic result of the dental restoration may be compromised due to several factors including bone and/or soft tissue anatomy. I have been advised that additional treatments may be required to improve the esthetic result and that in some cases ideal esthetics may not be possible.
7. I understand that in some instances the implant fails and must be removed. I have been informed and understand that the practice of dentistry is not an exact science and there can be no guarantees or assurances can be made for the outcome of implant surgery.
8. I understand that smoking, alcohol or sugar may affect the healing and could limit the success of the implant. I agree to follow the homecare instructions provided by my doctor and to attend regular examinations as instructed.
9. To my knowledge I have given an accurate account of my physical and mental health history. I have also reported any prior allergies or unusual reactions to drugs, anesthetics, blood or body diseases, gum or skin reactions, abnormal bleeding or any other condition related to my health.
10. I request and authorize medical/dental services for myself including implants and related surgeries. I fully understand that during and following the treatment conditions may arise which warrant the judgment of the doctor for additional or alternative treatment to help insure the best success. I also approve any modifications in design, materials or care if this is felt to be in my best interest.

Patient Signature

Date

Dentist Signature

Date