

PATIENT INFORMATION AND CONSENT FORM FOR IMPLANT SURGERY

Patient: _____

Date: _____

I, _____ authorize Dr. _____ and or such assistants as may be selected by him (them) to provide implant surgery to remedy the condition or symptoms which appear indicated by the diagnostic studies and/or evaluations already performed and to which have been explained to me.

I also authorize and direct my doctor(s), with associates or assistants of his (their) choice, to provide such additional services as he (they) may deem reasonable and necessary, including, but not limited to, the administration of anesthetic agents; the performance of necessary laboratory, radiological (x-ray), and other diagnostic procedures, and the administration of medications orally, by injection, by infusion, or by any other clinically accepted route of administration.

If an unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated I further authorize and direct my doctor(s), with associates or assistants of his (their) choice, to do whatever he (they) deems necessary and advisable under the circumstances, including the decision during the surgery not to proceed with the implant procedure.

Alternatives to implant surgery have been explained to me, including their risks. I have tried or considered these alternative treatment methods and their risks, but I desire an implant to help secure the replacement of missing teeth. I consent to the placement of an implant under the gum or in the bone and I understand the implant surgery procedure.

I am aware that the practice of dentistry and dental surgery is not an exact science and acknowledge that no guarantees have been made to me concerning the success of my implant surgery and the associated treatment and procedures. 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.

The implant surgical procedure has been explained to me and I understand the nature of this surgery and anesthetic procedures to be as follows: Phase I- Implant in jaw with gums closed over the implant, Phase II (2-4 months later) Phase II- exposing the gums over the implant with the placement of a temporary healing cap.

As with any surgical procedure, there are possible complications of which you must be aware. These include, but are not limited to: limited oral function, post-operative pain, bleeding, infection or disease which may require treatment or drainage, temporary loosening of the face, allergic reactions to metal and medications, a change in sensation or numbness to the lip, chin, and/or tongue which may be of a temporary or permanent nature, an opening between the mouth and sinus which may