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 conditions or symptoms which appear indicated by the diagnostic studies and/or evaluations already performed and to which have been explained to me: four/five/six_____implants to support a _____ prosthesis.

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 dentally 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) deem necessary and advisable under the circumstances, including the decision during the surgery not to proceed with the implant procedure.

2. 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.

3. I am aware that the practice of dentistry and dental surgery is not an exact science and I 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.