

IMPLANT CONSENT

The risks associated with implant surgery have been discussed with me by my doctor including its risks.

I was oriented with other alternatives or alternate methods and treatments other than implant surgery. In no case, I desire that implant surgery and implant prosthesis will be my choice to help secure or replace my missing teeth.

I am fully aware, and I acknowledge that dentistry and dental surgery is not an exact science. I understand that there are no guarantees to the success of implant prosthesis and other associated treatments and procedures.

I understand that during treatment, certain conditions may become apparent and may warrant modifications of the intended treatment. In any case, I authorize my doctor to complete the procedure following what is best for his or her judgment.

I have been informed that there are possible risks and complications involving the treatment relating to medication, procedure, or anesthetics such as the feeling of pain, infection, swelling, numbness in parts of the mouth, including lips, tongue, or chin. I understand that the estimated period of recovery from anesthetics is not guaranteed, or possibly be irreversible. I understand that instances of inflammation, bone fractures, sinus perforation penetrates, and medical or drug allergic reactions may happen and may result in delayed healing.

I likewise understand and assume the risk that the procedure may fail which may require further corrective surgery or may require the removal of the previous implant procedure. In no case, such removal or failure of implants will not be refunded. In case a corrective method is needed, it shall be treated as a new procedure and shall not be covered by previous treatments made as to fees.

I understand the possible complications associated with dental implants such as improper fitting bridgework, improper occlusion, material failure, loss of permanent teeth, or certain dental diseases may develop, or breakage of an implant component or prosthesis. In case these things happen, I will need to undergo surgical removal of the implant and may need to opt for alternate methods of treatment.

I certify that I have read, and each had been explained to me to my full understanding. I consent to the procedure knowing its risks and limitations. I authorize my doctor to treat me with dental implants and prostheses and that it is my intention to have the foregoing treatment to be carried out.

Name: _____

Signature: _____

Date: _____