

Dental Implant Consent Form

The nature of my dental problems and the reason that dental implant treatment is being recommended has been explained to me. I understand what is necessary to accomplish the placement of a dental implant under the gum in the bone. I was also informed of the other methods that could be used to replace my missing teeth. I have tried or considered trying those other methods, but I have decided on the option of dental implants to secure the replacement of my missing teeth.

Doctor _____ has explained to me that there is no way to accurately predict the bone healing capabilities of any particular patient following the placement of an implant. I have furthermore been informed and understand that occasionally there may be complications from the surgery, drugs, and/or anesthetics used. Complications may include but are not limited to infection and tissue discoloration and/or numbness of the lips, tongue, chin, cheek, or teeth, which may be irreversible. Also possible are nasal or sinus penetration, and in some patients, implant failure that requires implant removal.

I understand that smoking, alcohol consumption, sugar consumption, or improper dietary practices may affect bone healing and may limit the success of implant treatment. I agree to follow home care and dietary instructions as prescribed.

I understand that the success of dental implants depends to a great extent on my maintenance of meticulous oral hygiene throughout my mouth and especially around the implant posts where they come through the gum tissue.

I agree to return at regular intervals for inspection of my mouth and prophylaxis by the doctor or hygienist and to have performed such dental services as may be needed to maintain my oral health. I agree to report immediately any evidence of pain, swelling, or inflammation around my implant(s) and will arrange to attend the clinic if necessary.

If, for any reason, it is deemed that the implant is not serving properly, it is agreed that one of the following options is available to me:

1. The implant(s) will be removed, and a more conventional denture will then, if possible, be constructed.
2. The case will be redone if the implant(s) fail within the first year of the initial implant placement.

I agree and understand that the degree of success of any dental treatment is directly related to my cooperation and that if I fail to cooperate as requested and instructed, I may suffer temporary or permanent injury to my dental health and to the dental work performed by the dentist.

I acknowledge that I have not been given a guarantee or warranty of any kind with respect to the success or prognosis of my dental implant(s).

I hereby authorize Doctor _____ to perform dental services for me, including dental implant placement and other surgeries or procedures necessary or advisable as a corollary to the planned treatment. I also agree to the use of local or general anesthesia, intravenous or oral sedation, nitrous oxide analgesia, etc, as deemed necessary in the judgment of the oral and maxillofacial surgeon in my case.

I authorize photographs, x-rays, and other imaging of my care and treatment to be used for the advancement of implant dentistry and for educational purposes.

I have read and fully understand the above consent form for dental treatment. I read and understand the English language.

Date: _____ Patient or Legal Guardian's signature: _____

Counseling Oral and Maxillofacial Surgeon: I have counselled this patient as to the nature of the proposed procedure(s), attendant risks, and expected results, as described above.

Date: _____ Oral and Maxillofacial Surgeon's signature: _____