



## Consent for Dental Implant Surgery

Please initial each paragraph after reading. If you have any questions, please ask your doctor before initialing.

You have the right to be informed about your diagnosis and planned surgery so that you can decide whether to have a procedure after knowing the risks and benefits.

INITIAL HERE

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. My condition has been explained to me as a *missing tooth or missing teeth*. \_\_\_\_\_
2. The procedure proposed to treat this condition is *surgically placing a dental implant or implants* into my jaw bones and gums in these positions: \_\_\_\_\_.
3. I have been informed of possible alternate methods of treatment (if any), including \_\_\_\_\_.
4. All surgeries have some risks. They include the following and others: \_\_\_\_\_
  - A. Post-operative discomfort, bruising, and swelling needing several days of at-home recovery. \_\_\_\_\_
  - B. Bleeding that is heavy or lasts for a long time that might need more treatment. \_\_\_\_\_
  - C. Injury or damage to teeth or roots of teeth that are nearby the place of the implant. The injured tooth/teeth might need root canal treatment or may be lost. \_\_\_\_\_
  - D. An infection after the procedure that might need more treatment or cause loss of the implant. \_\_\_\_\_
  - E. Stretching of the corners of the mouth that might cause cracking and bruising and might heal slowly. \_\_\_\_\_
  - F. It might be hard for several days to open my mouth. This might be from swelling and muscle soreness or from stress on the jaw joints (TMJ). This could last several weeks or months, or it could be permanent. \_\_\_\_\_
  - G. During the surgery, pieces of bone, synthetic bone, or synthetic membranes may be placed. These pieces of bone or membranes may also become infected or devitalized and require antibiotics and/or more surgical treatment. \_\_\_\_\_
  - H. Allergic reactions (previously unknown) to any medications or materials used in treatment. \_\_\_\_\_
  - I. Implants placed in the lower jaw might injure the nerve that gives feeling to the face. After the surgery, there might be pain or a numb feeling in my chin, lip, cheeks, gums, teeth, or tongue. It is possible that I might lose my sense of taste. This might last for weeks or months. It can be permanent, but this rarely happens. \_\_\_\_\_
  - J. Opening into the sinus (a normal bony area above the upper back teeth) that might need additional treatment. If you go into the sinus on purpose to do another procedure (sinus lift procedure with grafting), I might have several weeks of sinusitis symptoms that will need medicine and more recovery time. \_\_\_\_\_
  - K. The jaw may break and need more surgical treatment for repair. \_\_\_\_\_
  - L. Use of other bone materials, (synthetic bone-like materials or membranes) that might have to be removed at a later date. \_\_\_\_\_
  - M. Bone loss around implants and/or adjacent teeth. \_\_\_\_\_
  - N. Fracture of the implant or the restorative parts. \_\_\_\_\_
  - O. Loss of an implant or implants. \_\_\_\_\_
  - P. Other: \_\_\_\_\_
5. I consent to the administration of \_\_\_\_\_ anesthesia in connection with the procedure referred to above. \_\_\_\_\_



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INITIAL HERE

- 6. I understand that cuts (incisions) will be made inside my mouth in the gums to put one or more dental implants into my jaw bone. The implants will be the support for one or more missing tooth replacements to hold a crown, cap, bridge, partial denture, complete denture, or plate. The doctor has explained the procedure, told me how many incisions will be made, where they will be, and what kind of implants will be used. If a crown, bridge, or denture is to be attached to this implant(s), this will be done by Dr. \_\_\_\_\_, and that office will bill me for that procedure. \_\_\_\_\_
- 7. Sometimes dental implants remain covered by gum tissue during the initial healing period. If gum tissue covers the implant, it will have to be surgically uncovered before the dentist can restore it. Sometimes dental implants are left exposed through the gum tissue when placed. Gum tissue grafting or trimming may be necessary before or after restoration by the dentist. \_\_\_\_\_
- 8. No guarantee can be or has been given that the implants will last for a specific length of time. I have been told that once the implant is put in, I need to follow through with the whole treatment plan and finish it in the time set by my doctors. If this is not done, the implants may fail. \_\_\_\_\_
- 9. I understand smoking is extremely detrimental to the success of implant surgery. I agree to cease all use of tobacco for two to three weeks before and after surgery, including the later uncovering procedure, and to make strong efforts to give up smoking entirely. \_\_\_\_\_
- 10. I authorize photos, slides, X-rays, or any other viewing of my care and treatment during or after its completion to be used for the advancement of dentistry and reimbursement purposes. However, my identity will not be revealed to the general public without my permission. \_\_\_\_\_
- 11. I certify that I speak, read, and write English and have read and fully understand this consent for surgery. \_\_\_\_\_

### CONSENT

I understand that my doctor can't promise that everything will be perfect. I understand that the treatment listed above and other forms of treatment or no treatment at all are choices I have. I have read and understand the above and give my consent to surgery and chosen anesthesia. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read, and write English. All of my questions have been answered before signing this form.

Patient's (or Legal Guardian's) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_