

Implant Treatment Consent Form What you are being asked to sign is a confirmation that we have discussed that nature and the purpose of your suggested treatment, common risks and complications and that that you have been given an opportunity to ask questions and have them answered in a satisfactory manner to your understanding. Please read this form carefully before signing it and ask about anything that you do not understand.

1. I have been informed and understand that the practice of dentistry is not an exact science; no guarantees or assurance as to the outcome or prosthetic treatment or surgery can be made due to the uniqueness of every individual clinical situation. In most instances, the outcome is most satisfactory.

2. Dr. Rob Andrew has carefully examined my mouth and I have been informed and understand the purpose and nature of the implant surgery procedure. I understand what is necessary to place the implant(s) under the gum and bone, and to have my crown(s), bridgework, or denture(s) attach to the implants. I have also had alternatives to implant therapy explained to me, and/or have tried these alternatives in the past without success.

3. I have been informed of the occasional complications that might reasonably be expected from the surgery, drugs, and anesthesia. Such complications might include pain, swelling, infection and tissue discoloration. Numbness of the lip, tongue, chin, cheek, or teeth may occur. The exact duration may not be determinable and may be irreversible. Also possible are inflammation of a vein, injury to teeth present, bone fractures, sinus penetration, delayed healing, allergic reaction to drugs or medications used, etc.

4. I understand that if no treatment is performed, any of the following may occur; gum tissue inflammation, soft tissue damage including premalignant lesions from denture movement, loss of bone, loosening of loss of teeth, infection, jaw joint problems, headaches, referred pain, chewing problems, and loss of facial skin and muscle tone.

5. I understand that , on occasion, upon entering the surgical site, it may be discovered that implant placement is not possible due to a lack of available bone or other factors.

6. Dr. Rob Andrew has explained to me that there is no way to accurately predict the gum and bone healing capacity in each patient, and that in some cases implants fail and have to be removed.

7. I understand that smoking, excessive alcohol consumption, poor diet, and high blood sugar may affect gum healing and may limit success of the treatment. I agree to follow Dr. Rob Andrew's instructions and take all medications and vitamins exactly as prescribed.

8. I understand that the long-term success of the implant surgery is dependent upon good oral hygiene and home care. I also agree to attend recommended follow-up visits including professional dental cleaning and follow-up x-rays.

9. I understand that if inadequate bone is present for implant success, grafting may be required in the surgical site in an attempt to create more bone. I consent to the use of graft materials and supports including de-mineralized freeze-dried bone, synthetic bone substances, collagen, dissolving membranes and titanium tacks and fixtures.

10. I consent to the use of x-rays, photographs, and study models for teaching purposes, provided that my identity is not revealed.

I request and authorize medical/dental services for me, including implant surgery. I have been fully informed of the nature of the treatment, alternatives to treatment, and reasonably foreseeable risks of complications, and hereby consent to treatment.

Patient Name

Signature

Date

Patient Name

Signature

Date