

# DENTAL IMPLANT CONSENT FORM/ORAL SURGERY CONSENT

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## 1. Acknowledgement of receipt of information

What you are being asked to sign is a confirmation that we have discussed the nature and purpose of the treatment, the known risks associated with the treatment, and the feasible treatment alternative; that you have been given an opportunity to ask questions; that all your questions have been answered in a satisfactory manner. Please read this form carefully before signing it and ask about anything that you do not understand. It will be our pleasure to explain.

## 2. Consent for Dental Implant

I hereby authorize and direct Dr. William E. Chen to perform surgery upon me (or upon any person identified above as the patient, for whom I am empowered to consent) to inset dental implant(s) in my upper and lower jaw and/or placement of bone graft (etc.) as needed.

## 3. Nature and purpose of the procedure

I understand incision(s) will be made inside my mouth for the purpose of placing one or more metal structures in my jaw(s) to serve as anchor(s) for a missing tooth or teeth or to stabilize a crown (cap), denture or bridge. I have been informed that the implant must remain covered under the gum tissue for at least three months before it can be used and that a second surgical procedure is required to uncover the top of the implant.

## 4. Alternatives to a Dental Implant

The alternatives to the use of a dental implant, including no treatment at all; construction of a new standard dental prosthesis; augmentation of the upper or lower jaw by means of a vestibuloplasty, skin and bone grafting, or with synthetic materials; implantation of another type of device have been explained to me as have the advantages and disadvantages of each procedure choose to proceed with insertion of the dental implant.

## 5. Risks and Complications Associated with Dental Implants

I have been informed and understand that there are risks and complications from surgery, drugs and/or anesthetics.

## 6. Surgical Complications

Such possibilities include but are not limited to, infection, tissue discoloration (bruising), alteration in taste and/or numbness, tingling, increased sensitivity of the lips, tongue, chin, cheek or teeth which may last for an indefinite period and may be permanent. Also possible are injury to teeth if present, loss of bone, bone fractures, nasal or sinus penetration (for implants placed in the upper jaw), chronic pain, bleeding and decreased ability to open the mouth. I have also been informed that any procedure which is outside the mouth will leave a scar on the skin, and that although a good cosmetic result is hoped for, it cannot be guaranteed.

## 7. Risks Associated with No Treatment

I understand that should I not have this implant procedure, one or more of the following may occur: faster dissolving of the jaw bone structure, increased difficulty wearing conventional dentures, increased loss of bony support of the face, lips and cheeks, increased difficulty chewing, pain and numbness, and fracture of a very thin jawbone.

## 8. Importance of Patient Compliance

I agree and understand and 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 general health and to the dental work performed by my dentist.

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

I understand that smoking, alcohol, improper dietary practices may affect gum and bone healing and will limit the success of the implant. I agree to follow home care and dietary instructions as prescribed. I will not wear my dentures for 2 weeks.

I agree to return at regular intervals as specified by the doctor for inspection of my mouth and implant cleanings by the doctor or the hygienist and to have these dental services performed as needed to maintain my oral health. This will involve regular and long-term follow-up care for the life of the implant.

I agree to report immediately any evidence of pain, swelling, or inflammation around my implant(s) and agree to attend the office/hospital if necessary.

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Patient Signature

Date

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Witness Signature

Date