

Implant Surgery Consent to Treatment

1. I, NOTES NOTES, authorize Heather Richardson DMD MS to provide surgical placement of dental implants.
2. Alternatives to an implant-supported and/or – retained prosthesis have been explained to me. I have tried or considered these alternative treatment methods and their risks, but I desire an implant and implant prosthesis to secure and/or replace my missing tooth.
3. The implant surgical procedure has been explained to me and I understand the nature of this surgery, anesthesia, and other planned procedures. I have been advised that bone grafting and/or guided bone regeneration may be necessary. I understand that the location of implants and need for bone grafting may vary depending upon the circumstances.
4. My doctor has explained to me that there are certain inherent and potential risks and side effects in any surgical procedure and in this specific instance such risks could include, but are not limited to, the following:
 - Post-operative discomfort and swelling that may require several days of at-home recuperation.
 - Prolonged or heavy bleeding that may require additional treatment.
 - Injury or damage to adjacent teeth or roots of adjacent teeth.
 - Post-operative infection that may require additional treatment.
 - Restricted mouth opening for several days; sometimes related to swelling and muscle soreness and sometimes related to stress on the jaw joints (TMJ).
 - Injury to the nerve branches in the lower jaw resulting in numbness or tingling of the chin, lips, cheek, gums, or tongue on the operated side. This may persist for several weeks, months, or, in rare instances, permanently.
 - Opening into the sinus (a normal chamber above the upper back teeth) requiring additional treatment.
 - If the sinus is entered (sinus lift procedure with grafting) there will usually be several weeks of sinusitis symptoms requiring certain medications and additional recovery time.
 - Fracture of the jaw.
5. It has been explained to me that during the course of the procedure unforeseen conditions may be revealed which will necessitate additional or different procedure. I authorize my doctor and his staff to perform or refer such procedures as necessary and desirable in the exercise of professional judgment.
6. I am aware that the practice of dentistry and dental surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the success of my implant surgery and the associated treatment procedures. I am aware that there is a risk that the implant surgery may fail, which might require further corrective surgery or the removal of the implant with possible corrective surgery associated with the removal.
7. I have been advised that the use of tobacco or alcohol will hinder healing and can cause the implant to fail. Failure of the implant as a result of tobacco or alcohol use will not be refunded. I agree to follow home care instructions and to report for recommended post-operative appointments.

8. I have been made aware that certain medications, drugs, anesthetics, and prescriptions, which I may be given, can cause drowsiness, lack of coordination, and lack of awareness, which may be increased by the use of alcohol and other drugs. I have been advised not to operate any vehicle or hazardous machinery and not to return to work while taking such medications or until fully recovered from the effects of the same. I understand this recovery may take up to 24 hours or more after I have taken the last dose of medication. If I am to be given sedative medication during my surgery, I agree not to drive myself home and will have a responsible adult drive me home and accompany me until I am fully recovered from the effects of the sedation.

9. To my knowledge I have given an accurate report of my physical, dental and mental health history. If I am currently in treatment for any health problems I certify that I have discussed the proposed implant procedure with my health care provider and have received his or her consent to undergo this implant procedure.

10. I agree that I have read, had explained to me, and understand the consent to implant surgery. I have been given the opportunity to ask questions concerning the nature of the treatment and the risks involved. I also understand that this implant should last for many years but that no guarantee that it will last for any specific period of time can be or has been given. A perfect result is not guaranteed or warranted and cannot be guaranteed or warranted. If I chose to relocate and/or leave the area in which treatment with my doctor cannot be followed, I understand that no refunds will be made due to possible failure of the implant. Implant surgery is not a guaranteed science. Therefore no warranties or guarantees are being made and there will be no refunds in the event of implant failure. It has also been explained to me that once the implant is inserted, the entire dental treatment plan, including my personal oral hygiene, must be followed and completed on schedule. If this is schedule is not carried out, the implant may fail. I consent to the procedure knowing it has risks and limitations.

Patient's (or Legal Guardian's) Signature

Date

Witness' Signature

Date