

Date: _____

Patient: _____

Date of Birth: _____

This document aims to provide essential information regarding the procedure, associated risks, benefits, and available alternatives, thereby allowing you to make an informed decision about your treatment.

Explanation of the Proposed Treatment/Procedures:

Doctor/Associates _____ have explained to me the concept and the procedure of placing and restoring dental implants in my mouth: Metal posts resembling the roots of natural teeth are placed surgically inside my jawbones. After a period of time allowing the bone to grow around the implant, a second surgical procedure will be performed to place the abutment (small posts) on the implants; Artificial teeth in the form of crowns (caps), fixed or removable bridges, or dentures will then be placed to restore the missing natural teeth.

Options/Alternatives:

Alternatives to implant therapy like complete or partial dentures, fixed or removable bridges, and the option of no treatment at all. These options could result in bone loss and possible difficulties constructing and wearing dentures in the future.

Guarantees/Warranties:

- I understand that even though implants have a good success rate, it is not possible to predict success in every case as the healing of bone and gums depends on each individual patient.
- I also understand that some complications, or unforeseeable conditions may arise requiring removal of the implants and/or additional surgical or restorative procedures. I therefore authorize Dr. _____ and his/her associates to perform such treatment as needed for my benefit.

Risks:

- I have been informed of the possible risks and complications involved with implant surgery, drugs and anesthesia. I understand these complications occur rarely. Such potential complications may include, but are not limited to:
 - Pain, swelling, infection, and bruising.
 - Nerve injury causing temporary or permanent numbness on tongue, lips, chin, or gums.
 - Damage to adjacent teeth.
 - Sinus problems: Implants in the upper jaw may cause sinusitis or other issues.
 - Allergic reactions.
 - Abnormal bleeding.
 - Fracture of the Jaw.
 - Failure of the implant or the restoration.

Patient cooperation and compliance:

- I understand that smoking or alcohol consumption may affect healing and limit the success of implants.
- I agree to follow all my doctor's homecare instructions.
- I agree to report to the follow-up appointments as instructed.
- I understand that during the course of treatment, unforeseen conditions may arise and may necessitate further procedures and / or deviation from the initial treatment plan, therefore I consent to the performance of additional procedures that Dr. _____ consider necessary to complete the treatment plan for my benefit.
- I understand that due to the nature of any dental treatment, there are no guarantees/warranties.
- All of my questions have been answered to my satisfaction.
- I understand my financial obligations, and that I am responsible for all fees regardless of insurance coverage, unless prior arrangements have been made.

I confirm that I have read and understand the above. I hereby consent to the proposed treatment plan.

Patient/Legal Guardian Name: _____
Patient/Legal Guardian Signature: _____
Doctor Name: _____
Doctor Signature: _____
Interpreter (if needed): _____
Witness: _____

Dentist Certification:

I certify that I have explained the above proposed treatment including risks, benefits, alternative treatment options, as well as the consequences of no treatment. I have answered all the patient's questions to her/his satisfaction and believe that the patient fully understands what I have explained.

Dentist: _____
Date: _____