

Example of implant consent form

- I Mr _____ consent to the placements of dental implants & bone augmentation (if necessary)
- The advantages and disadvantages of dental implants have been fully discussed with me.
- Alternative treatment plans using dentures and bridges to replace missing teeth have been discussed in details. I understand that if no treatment is rendered at this time, any of the following may occur: further loss of bone (making it impossible to place implants in the future) Continued irritation and inflammation of gum tissue, tooth drifting.
- I understand that smoking, alcohol, or increased sugar consumption will affect tissue healing which will alter the prognosis of the implants after placement.
- I have been informed and understand that implant surgery is a complex and intricate procedure and failures do and have occurred.
- I do consent to photography, X-Rays of the procedure for necessary documentation, provided my identity will not be revealed.
- I request and authorize the services that will be necessary for the placement of Osseo integrated implants and understand that conditions may change which will require additional or alternatives treatments. I approve any modification of design or treatments, if in the doctors judgement, it is necessary and in my best interest.
- The loading of implants and the prosthodontic restoration of the dental implants have been fully explained in detail.
- Detailed methods and importance of implant oral hygiene have been fully discussed with me. I agree to co-operate to accomplish this home care according to the instructions given.
- The type of anaesthesia which I have agreed to will be Local anaesthesia. Oral sedation, IV sedation, relative Analgesia (happy gas)
- The fees for the implant services have been explained to me, and I accept responsibility for these fees.
- I consent to the use of xenografts (bovine materials), alloplast (synthetic materials) allografts (processed bone) if necessary.
- Type of implants has been discussed.

Signature of doctor
Dr. HS Hunjan BDS(Lond) MFGDP(UK) DPDS
(Specialist in surgical dentistry)

Signature of patient
date: