



# Implant Consent Form

Please read the following and tick the box provided on the right hand side once understood.

1. I have been informed and I understand the purpose and nature of the implant procedure. I understand what is necessary to accomplish the placement of the implant under the gum and in the bone.
2. My dentist has carefully examined my mouth. Alternatives to this treatment have been explained. I have tried or considered these methods. But I desire an implant to help secure the replaced missing teeth.
3. I have further been informed of the possible risks and complications involved with surgery, drugs and anaesthesia. Such as complications including pain, swelling, infection and discolouration. 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 of teeth present, bone fractures, sinus penetration, delayed healing, allergic reactions due to drugs used.
4. I understand that if nothing is done, any of the following could occur: bone disease, loss of bone, gum tissue inflammation, infection, sensitivity, looseness of teeth followed by the necessity of extraction. Also possible are temporomandibular joint (jaw) problems, headaches, referred pains to the back of the neck and facial muscles, and tired muscles when chewing.
5. My dentist has explained that there is no method to accurately predict the gum and the bone healing capabilities in each patient following the placement of implants.
6. It has been explained that in some instances implants fail and must be removed. I have been informed and understand that the practice of dentistry is not an exact science, no guarantees or assurances as to the outcome or result of treatment or surgery can be made. In the event of failure further implant surgery may be offered as appropriate.
7. I understand that excessive smoking, alcohol or sugar consumption may affect gum healing and may limit the success of the implant. I agree to follow my dentists home care instructions and agree to report to my dentist for regular examinations as instructed.
8. I agree of the type of anaesthesia, depending on the choice of the dentist. I agree not to operate a motor vehicle or hazardous device for at least 24 hours or until more fully recovered from the effects of the anaesthesia or drugs given for my care.
9. To my knowledge I have given an accurate report of my physical and mental health history. I have also reported any prior allergic or unusual reactions to drugs, insect bites, anaesthetic, pollens, dust, blood or body diseases, gum or skin reactions, abnormal bleeding or any other condition related to my health.





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- 10. I consent to photography, filming, recording, and x-rays of the procedure to be performed for the advancement of implant dentistry, provided that my identity is not revealed.
- 11. I understand that, following surgery, it may be necessary for me to take antibiotics to counter the possibility of infection.
- 12. I understand that, where the bone is found to be inadequate to receive an implant, it may be necessary to place a bone graft or a bone substitute to improve the chance of success.
- 13. The likely benefits include the relief of denture problems such as looseness and discomfort, and the replacement of missing teeth with fixed crowns and bridges.
- 14. I request and authorise medical/dental services for myself, including implants and other surgery. I fully understand that during and following the contemplated procedure, surgery, or treatment, conditions may present which warrant, in the judgement of the dentist, additional or alternative treatment pertinent to the success of comprehensive treatment. I also approve and modification in design, materials, or care, if it is felt is in my best interests.

\_\_\_\_\_  
Signature of dentist

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Independent witness

\_\_\_\_\_  
Parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to patient

