



## CONSENT TO PLACEMENT OF DENTAL IMPLANTS

1. It has been explained to me, and I understand the purpose and nature of the procedure for the surgical placement of dental implants and for the later reconstruction on the implants.
2. I consent to the use of local anaesthesia/intravenous sedation/general anaesthesia for the surgery procedure. I agree not to operate a motor vehicle or similar machinery for the remainder of the day of surgery.
3. I understand that although every care will be undertaken in the provision of all aspects of this treatment, as with all surgical procedures the successful outcome of the treatment cannot be guaranteed but that failure of an implant is an infrequent event. In the event of failure, further implant surgery will be offered, as appropriate.
4. It has been explained to me that, as with all surgical procedures, there are a number of possible complications. These may include some discomfort, swelling and bruising after the surgery. It is also possible that numbness of the lip and tongue can follow surgery to the lower jaw. Sinus involvement and nosebleed may occur following surgery to the upper jaw.
5. I understand, where the bone is found to be inadequate to receive an implant, it may be necessary to place a bone graft or bone substitute to improve the chance of success.
6. I understand that following the surgery, it may be necessary for me to take antibiotics to counter infection and I agree to refrain from smoking and alcohol consumption during the healing phase.
7. The likely benefits include the relief of denture problems: such as loosening and discomfort of dentures and the replacement of missing teeth with fixed crowns and bridges.
8. I understand the mechanical failure such as fracture or loosening of the dentures, crowns and bridges may occur but that is an infrequent event with implants. In this event further clinical attention will be required.
9. Alternative methods to dental implants for the replacement of missing teeth have been explained to me.
10. I have given an accurate report of my medical record including any physical and psychiatric disorders, current medications and allergies.

11. I understand that the success of treatment depends, in part, on the maintenance by myself and good hygiene around the implant. I undertake to arrange regular dental examinations for cleaning and X-ray examination of the implant, in order not to avoid the warranty, together with any other maintenance required.

Full name of Patient: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dentist: \_\_\_\_\_ Date: \_\_\_\_\_