

Dental Implant Consent

- 1. Authorization-** I hereby authorize Dreamwork Dental Care to insert dental implant(s) in my jaw and/or bone grafts (sterilized human bone) as needed.

- 2. Nature and Purpose of the procedure-**The placement of the titanium implant(s) in the jaw will serve as a tooth replacement/anchor to stabilize a bridge or denture. I understand that the bridge/crown/denture is another procedure that will be placed at a later date and the fees are separate from the implant fee. The implant may be covered underneath your gum for a few months and may not get the restoration until later.

- 3. Alternatives to a dental implant-** The alternative treatments include no treatment at all, bridge, partial denture or complete denture depending on your clinical situation.

- 4. Risks and Complications-** I have been informed that there are risks and complications that can arise that include but are not limited to:
 - Infection
 - additional procedures needed
 - injury to adjacent teeth
 - gums recede exposing implant
 - bone/jaw fractures
 - longer time until final crown/bridge/denture is delivered
 - **implant failure**
 - tissue discoloration/bruising
 - sinus penetration
 - prolonged/permanent numbness
 - scar on gums

- 5. No Guarantee of treatment results-** I understand that there is no way to accurately predict the healing of any particular patient including the final height of the gums, and that there has been no guarantee given.

- 6. Importance of patient compliance-** I understand that meticulous oral hygiene must be maintained and that smoking, alcohol, and improper diet practices must be avoided. If I fail to do so bone healing/implant integration may be slowed or the implant may fail.

- 7. Periodic checkups-** I understand the periodic cleanings and exams are very important to the success of the implant. Any bite changes or even slight looseness in the crown or implant must be reported immediately as it will *not* return to normal and the implant may fail.

Patient Signature _____ Date _____

Dr. _____ Witness _____