

Dental Implant Consent Form

Please read the following carefully then sign below to consent for placement of the dental implant/s as detailed:

- The alternatives to dental implants have been explained to me: leave gap, denture or bridge. I have decided that dental implants are most suitable for me.
- Complications include but are not limited to: pain, swelling, bruising, bleeding, infection and stiff jaw.
- In the lower posterior jaw, there is a very small risk that damage to nerves may occur when implants are placed, leading to altered sensation, tingling, numbness or pain in the lower lip/chin or side of tongue. Any persisting numb sensation the day following the surgery must be reported to the dentist immediately.
- In the upper posterior jaw an implant can communicate with your sinuses, it is important to inform your dentist if you suffer with chronic sinus problems.
- Although the success rate for dental implants is very high, there is a risk of failure of the implant to be integrated into the jawbone of approximately 1% to 5%, for ideal patients with ideal bone sites. My personal success rate for implant surgeries carried out to date currently sits at above 99%.
- The risk of failure is much greater in smokers, diabetics or patients with bone disorders.
- If the implant fails to osseointegrate (implant rejected by your jaw bone), a repeat implant procedure may be offered free of charge if possible, but in some cases an alternative option may need to be explored.
- No refund will be given for failure of the implant to osseointegrate.
- You MUST advise your dentist if you have taken, are taking, or are planning to take any medication for treatment of osteoporosis or bone cancer.
- Smoking at any stage once an implant is placed will increase the risk of failure significantly. Smokers will not be offered any repeat procedures free of charge in the event of failure. Complications arising that are related to smoking will be charged in full to manage.
- Failure to attend regular appointments (6 monthly) to inspect, adjust and clean around the implant crown or bridge will increase the risk of complications or failure significantly. Implant retained dentures also need regular inspection and relines. Failure to clean the implant correctly as instructed as part of your home oral care regime will increase the risk of complications and failure. Any problems arising that are related to failure to attend for 6 monthly examinations and cleaning or due to failure to maintain suitable oral hygiene standards will be charged in full to manage.
- I consent to allow my clinical photographs and other records to be used for dental research, dental education, professional publications, lectures and patient information or marketing material. I further understand that if the photographs and/or records are used, my name or other identifying information will be kept confidential and I do not expect any compensation, financial or otherwise for the use of these records.

By consenting below you acknowledge that you have read and understood all of the above and that any further questions have been answered by your dentist. I hereby consent for the following procedure:

Patient: _____
Date: _____

Dentist: _____
Date: _____