

Consent to the 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 the later construction of the prosthesis on the implants
2. I consent to the use of local anaesthesia / intravenous sedation. I agree not to operate a vehicle or machinery if sedation is used for the remainder of that day
3. I understand that although every care will be taken in the provision of all aspects of the treatment, as with all surgical procedures the successful outcome cannot be guaranteed. Failure of an implant is infrequent event. In the event of a failure further surgery will be offered as appropriate
4. I have understood the possible complications that can occur. These can include, discomfort, swelling, bruising. It is also possible that numbness of the lower lip and tongue can follow surgery in the lower jaw. In the upper jaw there can be sinus involvement that would need repair and may cause nose bleeding.
5. I understand that where bone is found to be inadequate to receive the implant it may be necessary to place a bone graft or bone substitute to improve the chance of success. In rare circumstances a bone repair may be needed first and the area left to heal before the implant can be placed at a separate procedure
6. I understand that I may have to take antibiotics to counter any threat of infection and agree to refrain from smoking or alcohol.
7. The benefits of treatment are: Relief of denture problems and the replacement of missing teeth or bridges.
8. I understand that mechanical failure can occur in these complex restorations and although this is an infrequent event further attention may be needed.
9. I have had the alternatives to implants explained to me.
10. I have given an accurate report of my medical record including physical and psychiatric disorders, medication and allergies.
11. I understand that the success of treatment depends in part on the maintenance by myself of good oral hygiene especially around the implants. I undertake to arrange regular dental examinations and x ray examination and undertake any maintenance required.

Signature of patient.....

Signature of surgeon.....

Date.....