

CONSENT TO THE PLACEMENT OF DENTAL IMPLANTS

1. I understand the purpose and nature of the procedure for the surgical placement of dental implants and for the later reconstruction on the implants. I have read and understood the treatment plan (including the cost of treatment), which has been explained to me to my satisfaction.
2. Alternative methods to dental implants for replacing missing teeth have been explained to me but I would prefer dental implants.
3. I understand that although every care will be undertaken in the provision of all aspects of my treatment, as with all surgical procedures the successful outcome of the treatment cannot be guaranteed but that failure of a dental implant is an infrequent event. I accept that if an implant fails within the first two years of function it will be replaced free of charge and that if the implant cannot be replaced for any reason I will be refunded 50% of the cost.
4. It has been explained to me that, as with all surgical procedures, there are a number of possible complications such as pain, discomfort, swelling and bruising. It is also possible that numbness of the lip, chin and tongue can follow surgery to the lower jaw and may be permanent. Sinus involvement and nose bleeding may occur following surgery of the upper jaw. I have read and understood the "risks of implant treatment" document.
5. I fully understand that during the procedure conditions may become apparent which warrant the judgement of the surgeon, alternative treatment may be necessary and in my best interest.
6. I understand that, following surgery, it may be necessary for me to take antibiotics to counter infection and I understand that I should refrain from smoking and alcohol.
7. I understand that mechanical failure such as fracture or loosening of the dentures, crowns and bridges may occasionally occur and require clinical attention but that it is an infrequent event.
8. I have given an accurate report of my medical record including any physical and psychiatric disorders, current medications, all allergies and reactions, any other conditions related to my health and whether I am a smoker.
9. I agree to photography, filming, recording and X-rays of the implant procedures to be used for teaching purposes provided my identity is not revealed.
10. I understand that the success of treatment depends, in part, on the maintenance by me of good hygiene around the implants. I undertake to arrange regular dental examinations for cleaning and X-ray examination of the implants together with any other maintenance required.
11. I declare that I have received two copies of this consent form together with the treatment plan letter and summaries of risks of implant treatment and alternatives to implants in advance of my operation date.

I understand the treatment proposal and the costs quoted, and I consent to implant treatment.

Signature:

Print name:

Date:

I confirm that I have explained the above treatment plan with the different stages, the risks involved and the alternative options available in terms, which in my judgement are suited to the understanding of the patient.

Signature of implant surgeon:

Name:

Date: