BDH
BROOMALL
DENTAL
HEALTH P.C.

Cosmetic & Family Dentistry
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Consent Form for Implant Procedures

_____I have had surgical implant procedures explained to me and I understand what is necessary to accomplish an implant under the gum or in the bone. I have been informed of alternative methods and wish to have the implant procedure performed to help secure or replace missing teeth.

_____It has been explained that there is no method to absolutely predict the healing capabilities of my gums and bones. I do understand that the success of the implant can be affected by smoking, alcohol consumption, diet, habitual clenching and grinding of my teeth, and inadequate oral hygiene. Also, I understand that the fit and force distribution of the teeth replacement can be a big factor in the success or failure of implants.

_____I have been informed, had the opportunity to ask questions, and understand that occasionally there are complications of the surgery, drugs, or anesthesia. Possibilities such as pain, infection, discoloration, numbness of the lips, tongue, chin, cheek, or teeth may occur. The exact duration of these problems cannot be absolutely determined and could be irreversible. Also possible are injury to existing teeth, bone fractures, nasal or sinus penetrations, delayed healing, and allergic reactions.

_____It has been explained that in some patients, implants are unsuccessful and must be removed.

_____With full understanding, I authorize performance of dental services for me, including implants, and other necessary surgery. I also agree to follow the instructions for post-operative as giving to me.

_____I authorize photos, slides, x-rays or any other viewing of my care and treatment during its progress to be used for the advancement of implant dentistry. I authorize the dentist to use pictures of my mouth to educate other patients and promote his dental practice. A full picture of my face will not be shown without my permission

_____I understand that there is no warranty or guarantee to any results. I am further advised that I can have further explanation of procedures and consequences before or during the progress of my treatment by just asking.

_____If any unforeseen condition should arise in the course of the operation calling for the doctor's judgment or for procedures in addition to or different from those now contemplated, I requested and authorize the doctor to whatever he may deem advisable.

_____I consent to the administration of local anesthesia in connection with the procedure referred to above, by the doctor whose signature appears below, and to the use of antibiotics as may be deemed advisable with the exception of:_____ to which I said was allergic. I have taken my pre-surgery meds(antibiotic, peridex) as prescribed.

_____I understand that a bone grafting procedure may need to be completed in conjunction with implant placement to help stabilize the implant. I understand the risks associated with the bone grafting procedure include but are not limited to transmission of any human disease.

_____I understand that a membrane may be needed in conjunction with bone grafting. Membranes are made from bovine (cow) and porcine (pig). I understand that the risks associated with using a membrane include but are not limited to: infection, risk of transmission of any bovine (cow) and porcine (pig) disease.

_____I understand that a sinus lift procedure may be necessary. The risks of the sinus lift procedure have been explained to me.

_____I understand all the fees and related costs for the procedure and they have been explained to me in full and that ultimately I am responsible for fee at time of procedure.

I CERTIFY THAT I HAVE HAD THE OPPORTUNITY TO READ AND FULLY UNDERSTAND THE TERMS OUTLINED IN THE ABOVE CONSENT.

_____ _____
Patient Signature Date

_____ _____
Dentist Signature Date