

Treatment Consent for Implants

1. I have been informed and I understand the purpose and the nature of the implant surgery procedure. I understand the procedure that is necessary to accomplish the placement of the implant under the gum or in the bone. I also understand that upon entering the surgical site, it may be determined that implant placement is not possible. If it is determined by Dr. _____ that implants cannot be placed due to lack of bone, there will be a _____ fee to cover the cost of the time invested and the surgical set up.

2. I understand that Dr. _____ has carefully examined my mouth. Alternatives to implant therapy have been explained. I have tried or considered these methods, but I desire an implant to help secure the replacement restoration for my missing teeth.

3. I have been informed of the possible risks and complications involved with implant prosthetics that include but are not limited to the following: implant fracture, screw loosening or fracture, acrylic or porcelain fracture and cement failure.

4. Dr. _____ have explained that there is no method to accurately predict the gum and the bone healing capabilities in each patient following tooth extraction or the placement of the implant. If there is inadequate bone or gum tissue, there may be a need for additional treatment. This is in the form of grafting procedures. These procedures can cost between _____ per procedure. It has been explained to me that in some instances implants fail and must be removed.

5. I understand that excessive smoking, alcohol, or sugar may affect gum healing and may limit the success of the implant. I agree to follow the home care instructions provided to me. I agree to report to Dr. _____ for regular examinations as indicated.

6. I understand that a panorex, tomogram and/or other X-rays will be taken before, during and after treatment. A number of X-rays are required during the course of implant therapy and as every situation is different, it is impossible to estimate the cost of the radiographs. I understand that I will be charged for the radiographs in addition to my proposed treatment plan.

7. I understand that the implants used have full compliance under the regulations of Health and Welfare Canada or have been approved by Health and Welfare Canada for clinical trials. I give my permission to use whatever implants Dr. _____ feel are appropriate for my treatment.

8. I understand that I may not have sufficient bone for the placement of implants. I consent to

the use of grafting materials in an attempt to create more bone. These materials include Demineralized Freeze Dried Bone (a human bone product), hydroxylapatite, collagen and other artificial bone substitutes. I have been fully informed of the nature of implants and implant surgery, therapeutic risks and prosthodontic treatment alternatives to oral implants and hereby consent to treatment.

Date	Print Name	Signature Of Patient/Guardian
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Date	Print Name	Signature Of Doctor
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Date	Print Name	Signature Of Witness
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