

Dental Implant Surgery – Informed Consent

Patient Name: _____

Implant Site(s) / Tooth #: _____

1. Diagnosis and Proposed Treatment

I have been diagnosed with a missing or non-restorable tooth/teeth. My dentist has recommended **placement of a dental implant** to replace the missing tooth root and support a crown, bridge, or denture.

The procedure involves surgical placement of a titanium implant into the jawbone. Additional procedures may be required including but not limited to:

- Bone grafting
- Sinus augmentation
- Use of membranes or regenerative materials
- Staged implant placement
- Placement of healing abutment or implant uncovering surgery

2. Expected Benefits

The purpose of implant treatment is to:

- Replace missing teeth
- Restore chewing function and speech
- Improve aesthetics and comfort
- Help preserve jawbone structure and surrounding teeth

3. Risks and Possible Complications

All surgical procedures carry risks. I understand that possible complications include, but are not limited to:

- Pain, swelling, bruising or bleeding
- Infection or delayed healing
- Damage to adjacent teeth or restorations
- Nerve injury causing numbness, tingling, or altered sensation of the lips, chin, tongue, gums, or teeth (temporary or permanent)
- Sinus perforation or sinus infection (upper jaw implants)
- Bone loss or implant failure to integrate with bone
- Fracture or loosening of implant components
- Need for additional surgery, grafting, or implant removal

I understand that **smoking, uncontrolled systemic disease, poor oral hygiene, or certain medications** may increase the risk of complications or implant failure.

4. Alternatives to Dental Implants

Alternative treatments have been explained to me and may include:

- Fixed dental bridge
- Removable partial denture or full denture
- Orthodontic space closure (in certain cases)
- No treatment

5. Consequences of No Treatment

If the missing tooth is not replaced, possible outcomes may include:

- Shifting or drifting of adjacent teeth
- Bite problems or jaw discomfort
- Difficulty chewing
- Bone loss in the jaw
- Cosmetic concerns

6. No Guarantee

I understand that although dental implants generally have a high success rate, **no guarantee or warranty has been made regarding the outcome or longevity of treatment.**

7. Patient Responsibilities

For successful treatment, I agree to:

- Provide accurate medical and medication history
- Follow pre-operative and post-operative instructions
- Maintain good oral hygiene and regular dental care
- Attend follow-up appointments and maintenance visits

8. Consent

I confirm that:

The procedure, risks, benefits, alternatives, and consequences of no treatment have been explained to me.

I have had the opportunity to ask questions and all questions have been answered.

I understand the information provided and consent voluntarily.

I hereby **consent to dental implant surgery and related procedures as deemed necessary by my dentist.**

Patient/Legal Guardian Name: _____

Signature: _____ **Date:** _____