

I understand that Implants and/or Implant Prosthetics (crowns, bridges, and dentures) placed over implants include possible inherent risks such as, but not limited to the following and I agree to assume any and all such risks:

- 1. Possibility of Failure of Implants:** No matter how diligently and carefully the surgery necessary to the placement of implants and implant devices is performed, there is always the possibility of failure resulting from the tissues of the body not physiologically accepting these artificial devices. Also, not all body tissues accept the materials from which implants are constructed and there may be rejection of the appliance(s), infection and non-healing of the tissues. The dentist and/or his associates have no control over the patient's body's ability or inability to accept the implant and/or implant devices. In such cases, removal will in all probability be necessary.
- 2. Longevity of Implants and/or Accompanying Prosthesis:** There can be no positive or even potential determinations as to the life expectancy of implants, crowns, and/or fixed or removable bridgework because of the many variables which are not within the treatment provider's control.
- 3. Infection:** In spite of how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile or infected oral environment, infections may occur postoperatively. At times these may be of a serious nature. Should severe swelling occur, particularly when accompanied with fever or malaise, attention should be received as soon as possible. It is the patient's responsibility to contact this office should the foregoing occur. Such infection may necessitate removal of the affected implant or implants.
- 4. Injury to the Nerves:** There is the slight possibility of injury to the nerves of the face and tissues of the oral cavity during administration of local anesthetic or during implant placement which may cause numbness of lips, tongue, floor of the mouth, and or cheeks, etc. The resulting numbness which may occur is usually temporary, but in rare instances could be permanent.
- 5. Smoking, Alcohol, or Sugar:** These factors may adversely affect the healing process, limiting the resulting success of the implants and accompanying prostheses.
- 6. Follow-up Examinations:** It is absolutely necessary with implant therapy to have regular periodic examinations. The patient must assume the responsibility to set and attend appointments and report as instructed by the treating dentist(s) or staff.
- 7. Placement:** It is possible that ideal implant placement may not be possible based on anatomic limitations; esthetic and functional compromises may have to be made during the process of completing dental restorations. Even ideal implant placement may be tempered by restorative problems. Well-integrated implants may become loose and fail years after placement.
- 8. Unusual Reactions to Medications Given or Prescribed:** Reactions, either mild or severe, may possibly occur from anesthetics or other medications administered or prescribed. It is important to take all prescription drugs according to instructions. Women on oral contraceptives must be aware that antibiotics can render these contraceptives ineffective. Caution must be exercised to utilize other methods of contraception during the treatment period. It is the patient's responsibility to inform the doctor and his associates of ALL medications the patient is currently taking.
- 9. Bisphosphonate Drug Risks:** For patients who have taken drugs such as Fosamax, Actonel, Boniva or any other drug prescribed to decrease the resorption of bone as in osteoporosis, or for treatment of metastatic bone cancer, there is an increased risk of osteonecrosis or failure of bone to heal properly following any surgical procedure involving bone, including the placement of implants. There is thus an increased risk of failure of the implant due to delayed or failed osseointegration or growth of healthy bone around the implant.

I recognize that it is my responsibility to fully inform my treating dentist(s) of the condition of my health and any and all problems thereto. It is also my responsibility to timely seek attention should any undue circumstances occur postoperatively. I agree to diligently comply with any and all preoperative and postoperative instructions given me.

Informed Consent: I have been given the opportunity to ask any questions regarding the nature and purpose of the **Implants and/or Implant Prosthetics** and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired potential results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and/or any results from the treatment to be rendered to me. The fee(s) for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize this practice and/or all associates involved in rendering any services they deem necessary or advisable to treatment of my dental conditions, including any anesthetic agents and medications. I understand it is my responsibility to let the Doctor know ALL the medications I am currently taking as well as any allergies.

Sign Form

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patients') health. It is my responsibility to inform the dental office of any changes in medical status.

I consent to use Electronic Records and Signatures.: []

Relation to Patient:

I certify that I have explained to the patient and/or the patient's legal representative the nature, purpose, benefits, known risks, complications, and alternatives to the proposed procedure. The patient and/or patient's legal representative has voiced an understanding of the information given. I have answered all questions to the best of my knowledge, and I believe that the patient and/or legal representative fully understands what I have explained.

I consent to use Electronic Records and Signatures.: []