

OPEN & AFFORDABLE DENTAL BRACES

CONSENT FOR IMPLANT RESTORATION

Patients Name: _____

You have the right to be informed about your diagnosis and planned surgery so that you can decide whether to have a procedure or not after knowing the risks and benefits.

Your diagnosis is: Missing Tooth Other _____

Your planned treatment is: Implant in tooth site(s): _____

Alternative treatment methods include: Partial Denture Bridge Other _____

1. I authorize Open and Affordable Dental and Braces to construct a dental prosthesis for use with my implant(s).
2. Alternatives to an implant supported and/or retained prosthesis have been explained to me. I have tired or considered these alternative treatment methods and their risk, but I desire implant and implant prosthesis to secure and/or replace my missing teeth.
3. As with any dental prosthesis, there are possible complications of which I should be aware. The include, but are not limited to:
 - a. Risk of Prosthesis and/or material failure.
 - b. Loss of permanent teeth.
 - c. Loss of prosthesis and/or implant due to periodontal disease, other oral disease or oral manifestations of systemic disease.
 - d. Compromised bite relationship.
 - e. Compromised esthetics.The development of any of these risks may result in the need for surgical removal of the implant and the use of alternative forms of treatment. I have been advised that bone grafting and/or guided tissue regeneration may be necessary.
4. I am aware that the practice of dentistry and dental surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the success of my implant prosthesis. I am aware the the implant surgery and/or prosthesis may fail, which may require corrective surgery or the removal of the prosthesis or implant with possible surgery associated with the implant removal.
5. I have been advised that the use of tobacco or alcohol may affect the implant and/or the prosthesis and limit the success of this treatment. My dentist has provided instructions for home care and oral hygiene and I understand the importance of following my dentist's instructions for professional dental cleaning; as well as follow-up care and treatment.
6. I have been given opportunity to ask questions concerning the nature of the treatment and the risk involved. I understand this consent to implant prosthesis. I consent to the procedure knowing its risks and limitations.

Patient's (or Legal Guardian's) Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____

Witness's Signature: _____ Date: _____