



Informed Consent Form for Dental Implant Placement

Patient Name: _____

Date: _____

Procedure Description:

This consent form is to confirm that I, _____ [Patient's Name], understand that I am undergoing a dental implant procedure. This procedure involves surgically placing an implant (a titanium post) into the jawbone, which will serve as a support for a replacement tooth or bridge.

Potential Benefits:

1. Replacement of missing teeth with a long-lasting solution.
2. Improvement in oral function, including eating and speaking.
3. Prevention of bone loss and maintenance of facial structure.

Risks and Complications:

I acknowledge and understand that the procedure, like all surgical procedures, involves risks and potential complications including, but not limited to:

1. **Surgical Risks:** Such as infection, bleeding, and pain.
2. **Implant Failure:** The implant may not integrate with the bone properly.
3. **Nerve Damage:** Rare risk of nerve injury leading to numbness or tingling.
4. **Sinus Problems:** Particularly for implants in the upper jaw.
5. **Bone Loss:** Loss of bone around the implant over time.
6. **Gum Recession:** Around the implant, affecting aesthetics and possibly implant stability.

Alternatives to Dental Implant Placement:

I understand that alternatives to dental implant placement may include:

1. Fixed bridges, which involve preparation of adjacent teeth.
2. Removable partial or full dentures.
3. No treatment, accepting the consequences of missing teeth.





Consent:

I confirm that the dentist or oral surgeon has explained the dental implant placement procedure, its risks, benefits, and alternatives to me, and has answered all my questions. I understand that no guarantees or assurances have been made to me concerning the results of this procedure. I consent to undergo dental implant placement as explained to me.

I also consent to the administration of local anesthetics and any other medications deemed necessary during the procedure. I understand the importance of following post-operative care instructions and maintaining good oral hygiene practices.

Patient Signature: _____

Date: _____

Dentist/Oral Surgeon's Signature: _____

Date: _____

