



Informed Consent for Implant Surgery

I have been fully informed of the nature of **Implant Surgery**, the procedure to be utilized, the risks and benefits of such surgery, the alternative treatments available, and the necessity for follow-up and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with the periodontist and I consent to the performance of **Implant Surgery** as presented to me during consultation and in the treatment plan presentation described in this document.

I consent to the use of the implant system, which has been described to me. If clinical conditions prevent the placement of implant(s), I defer to the periodontist's judgment on the surgical management of that situation. I also give my permission to receive supplemental membranes, bone grafts, or other types of grafts to build up the ridge of my jaw thereby assisting in placement, closure, and security of my implant, which may require additional charges.

Necessary Follow-Up Care and Self-Care: I understand that it is important for me to continue to see my dentist. Existing restorative dentistry can be an important factor in the success or failure of implant surgery. I also understand that it has been recommended that I see my hygienist for biannual check-up/cleaning appointments. I understand that the failure to follow such recommendations could lead to ill effects, which would become my sole responsibility.

No Warranty or Guarantee: I hereby acknowledge that no guarantee, warranty, or assurance has been given to me that the proposed treatment will be successful. Due to individual patient differences, a periodontist cannot predict certainty of success. There is a risk of failure, relapse, additional treatment, or even worsening of my present condition, despite the best care.

Supplemental Records and Their Use: I consent to photography, video recording, and/or X-rays of my oral structures as related to these procedures, and for their educational use in lectures or publications, provided my identity is not revealed.

I, _____, understand the risks involved with Implant Surgery and I release Dental TLC and any Dental TLC employees, agents or independent contractors from any liability related to the treatment that I receive for the condition stated above.

Signature

Date: _____