

IMPLANT CONSENT

You have the right to be given pertinent information about your proposed implant placement so that you have sufficient information to make the decision as to whether or not to proceed with surgery. What you are being asked to sign is a confirmation that we have discussed the nature of the proposed treatment, the known risks associated with it and the feasible alternative treatments.

I hereby authorize Dr. Lee McNeish to treat the condition described as:

The procedure necessary to treat the condition has been explained to me and I understand the nature of the procedure to be:

I understand incisions will be made inside my mouth for the purpose of placing one or more root form structures(implant) in my jaw to serve as anchors for a missing tooth or teeth or to stabilize a crown, bridge or denture. Dr. McNeish has explained the number and type of implant to be used. I understand that the crown, bridge or denture that will be attached to this implant will be made and attached by Dr. _____.

I understand that the implant must remain covered by gum tissue for at least four to six months before it can be used and that a second surgery is required to uncover the top of the implant. No guarantee can be or has been given that the implant(s) will last for a specific time period.

Dr. McNeish has explained to me that there are certain inherent and potential risks in any surgical procedure and in this specific instance such risks include but are not limited to the following: postoperative discomfort and swelling, bleeding that may require additional treatment, injury to adjacent teeth or roots, postoperative infection, stretching of the corners of the mouth, restricted opening, injury to the nerve branches in the lower jaw resulting in numbness or tingling of the chin, lips, cheek or tongue on the operated side (usually temporary but in rare instances, permanent) or opening into the sinus. If the sinus is intentionally entered (sinus lift) additional recovery time will be needed. Smoking will increase the risk of failure. Finally unforeseen conditions may be revealed which will necessitate a procedure modification. I authorize Dr. McNeish to exercise his professional judgment.

I HAVE READ AND UNDERSTAND THIS DOCUMENT. ALL BLANKS WERE FILLED IN PRIOR TO MY SIGNATURE.

Patient's Signature

Date

Doctor's Signature

Date

Witness' Signature

Date