

Dental Implant Informed Consent Form

Patient Information:

- **Name:** _____
- **Date of Birth:** _____
- **Address:** _____
- **Contact Number:** _____

Procedure Description: Dental implants involve surgically placing titanium posts into the jawbone to serve as artificial tooth roots. These posts provide a foundation for replacement teeth, enhancing function and appearance.

Benefits:

- Restoration of missing teeth.
- Improved chewing efficiency.
- Enhanced speech clarity.
- Preservation of jawbone structure.
- Improved aesthetics and self-esteem.

Potential Risks and Complications:

- Pain, swelling, or infection at the implant site.
- Injury to adjacent teeth or blood vessels.
- Nerve damage leading to numbness or tingling in the lips, tongue, or chin, which may be temporary or permanent.
- Sinus problems, especially for upper jaw implants.
- Implant failure or rejection.
- Allergic reactions to anesthesia or medications.

Alternative Treatment Options:

- No treatment.
- Fixed dental bridges.
- Removable partial or full dentures.

Patient Responsibilities:

- Maintain proper oral hygiene.
- Attend all scheduled follow-up appointments.
- Adhere to post-operative care instructions.
- Inform the dentist of any unusual symptoms or concerns promptly.

Acknowledgment and Consent: I, _____ (patient's name), have been informed about the dental implant procedure, including its benefits, risks, and alternatives. I have had the opportunity to ask questions and have received satisfactory answers. I understand that while the procedure aims to improve my dental function and appearance, no guarantees can be made regarding the outcome. I consent to the dental implant procedure and any necessary related treatments as discussed with my dentist.

Patient Signature: _____ **Date:** _____

Dentist Signature: _____ **Date:** _____
