

**INFORMED CONSENT
IMPLANTS AND IMPLANT PROSTHETICS**

I UNDERSTAND that IMPLANTS AND IMPLANT PROSTHETICS include possible inherent risks such as, but not limited to the following and I agree to assume any and all risks:

1. Possibility of failure of implants: No matter how diligently and carefully the surgery necessary to the placement of implants and implant devices is performed, there is always the possibility of failure resulting from the tissues of the body not physiologically accepting these artificial appliances. Also, not all body tissues accept the materials from which implants are constructed and there may be rejection of the appliance(s) and non-healing of the tissues. In such cases, removal will in all probability be necessary.

2. Longevity of implants and/or accompanying prosthesis: There can be no positive or even potential determinations as to the life expectancy of implants, crowns, and/or fixed or removable bridgework because of the many variables, which are not within the treatment provider's control.

3. Infection: In spite of how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile environment, infections may occur postoperatively. At times these may be of a serious nature. Should severe swelling occur, particularly when accompanied with fever or malaise, attention should be received as soon as possible.

4. Injury to the nerves: There is the slight possibility of injury to the nerves of the face and tissues of the oral cavity which may cause numbness of lips, tongue, floor of the mouth, and/or cheeks, etc. This numbness may be of a temporary or permanent nature.

5. Excess smoking, alcohol, or sugar: These may adversely affect the healing process, limiting success of the implants and accompanying prosthesis.

6. Follow-up examinations: It is absolutely necessary with implant therapy to have regular periodic examinations. The patient must assume the responsibility to make appointments and report as instructed by the treating dentist(s).

7. Unusual reactions to medications given or prescribed: Reactions, from mild to extremely severe, may possibly occur from anesthetics or other medications administered or prescribed.

8. I recognize that it is my responsibility to fully inform my treating dentist(s) of the condition of my health and any and all problems thereto. It is also my responsibility to timely seek attention should any undue circumstances occur postoperatively. I certify that I have complied and shall diligently comply with any and all preoperative and postoperative instructions given me.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of Implants and Implant Prosthetics, and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including risk of substantial harm, if any, which may or may not be achieved. No promises or guarantees have been made to me concerning the results. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. David Peterson and/or his associates to render any treatment necessary or advisable to my dental conditions, including any and all anesthetics and medications.

Patient's name (please print)

Signature of patient, legal guardian
or authorized representative

Date

Witness to signature

Date