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## IMPLANT CONSENT FORM

Name :  
Date of birth:  
Address:  
Contact Nos. :  
Emails add:  
Date:

I undersigned

Certify and confirm Dr. Anup Shenai that according to the Information provided I have understood the treatment with Dental Implants for restoring my missing teeth

1. The surgery for installing the implants is possible in my case
2. Autogenous bone grafting/ use of biomaterials are possible and may be required.
3. The surgical installation of one or more teeth in my jaws with the help of implants is possible in my case.
4. But as in any medico-surgical discipline, no guarantee of success can be assured in these types of treatment.
5. An intervention [early or delayed] may be required if ideal local conditions do not exist.
6. In certain conditions desired results may not be obtained without re intervention surgically.
7. In implant- teeth rehabilitation, it is possible to have traditional permanent fixed bridges and also fixed- removable type of bridges.
8. Transitional or provisional prosthesis [temporary restoration of teeth during the healing period of the implants in jaw bones] if used beyond the necessary period of implant Osseo integration in jaw bones, may be risky and invite the complications.
9. Tobacco smoking or chewing is a major risk factor for the health of implants and its longevity in the mouth.
10. It will rest with me to inform the doctor about any complaints or concerns about the final implant rehabilitated prosthesis within the month of its installation. Any changes or modifications in this condition will be done gracefully.
11. Any health hazard occurring after the implant rehabilitation is completed will be immediately informed to implantologist for him to take necessary precautionary measures concerning any implant treatment and its maintenance.
12. It is absolutely essential for me to follow the clinic for total hygiene maintenance of the implant prosthesis and other teeth on frequent basis [usually twice or thrice a year] and radiographic examination at least twice per year for the first three years and followed by once a year thereafter.
13. While installing the implants in the lower jaw, and also during the extraction of the lower wisdom teeth and curettage of the cysts or infections in the vicinity of nerve and vessels [inferior alveolar nerve, labio mental nerve at the mental foramen etc.] It is possible sometimes to have these structures inadvertently injured on temporary basis and very rarely on long term or permanent basis. Usually they heal or may show partial symptoms [e.g. numbness or tingling sensation] may be over smaller period or rarely on longer period or permanent basis.
14. The implant and the pre-prosthetic surgeries, like all the surgical techniques, are performed under clean and sterile environments according to the needs of the surgery.
15. The use of local anesthesia or sedation, or general anesthesia [in hospital] will be decided by the implantologist according to the needs of the surgery and I fully give permission for the same.
16. In the event of the treatment failure during the first three years, in spite of patient's commitment towards hygiene and follow ups, the necessary action towards restoring the implant again will be done without any additional cost to the patient.
17. Insurance companies are currently not recognizing the implant prosthetic rehabilitation as essential reimbursable treatment. Hence no responsibility lies with the implantologist as far as reimbursement of treatment is concerned.
18. I authorize Dr. Anup Shenai to take photographs during the surgery for scientific and teaching purpose.

Signature of the patient :

Name and signature of the :  
Witness

[After reading the consent and approving the same]