

Dental Implant and Patient Information and Consent Form

1. I have been informed and I understand the purpose and nature of the implant surgery procedure. I understand what is necessary to accomplish the placement of the implant under the gum and the bone.
2. My doctor has carefully examined my mouth. Alternatives to this treatment, including no treatment, have been explained. I have tried or considered these methods, but I desire an implant to help secure the missing teeth.
3. I have further been informed of the possible risks and complications involved with surgery, drugs, and anesthesia. Such complications include pain, swelling, infection and discoloration. Numbness of the lip, tongue, chin, cheek, or teeth may occur. The exact duration may not be determinable and may be irreversible. Also possible are inflammation of a vein, injury to other teeth, bone fractures, sinus penetration, delayed healing, allergic reactions to drugs or medications, etc.
4. I understand that if nothing is done, any of the following could occur: bone disease, loss of bone, gum tissue inflammation, infection, sensitivity, looseness, or drifting of teeth, followed by necessity of extraction. Also possible are temporomandibular (jaw) joint problems, headaches, referred pains to the back of the neck and facial muscles, and tired muscles when chewing.
5. My doctor has explained that there is no method to accurately predict the gum and the bone healing capabilities in each patient following implant placement.
6. It has been explained that in some instances implants fail and must be removed. I have been informed and understand that the practice of dentistry is not an exact science; no guarantees or assurance as to the outcome of results of treatment or surgery can be made. I understand that if my implants fail prior to the final restoration by my doctor **within 6 months of placement**, my doctor will remove and replace the implant at no charge to me, or if I elect to have the implant removed permanently, then I will be refunded **half the cost** of the implant placement (excluding materials).
7. I understand that excessive smoking, alcohol, or sugar may affect gum healing and may limit the success of the implant. I agree to follow my doctor's home care instructions. I agree to report to my doctor for regular examinations as recommended.
8. I agree to the type of anesthesia, depending on the choice of the doctor. **If I have taken a sedative prescribed by my doctor prior to this appointment, I agree not to operate a motor vehicle or hazardous device for at least 24 hours or more until fully recovered from the effects of the sedative or drugs given for my care.**

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9. To my knowledge I have given an accurate report of my physical and mental health history. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood, or body disease, gum or skin reactions, abnormal bleeding or any other conditions related to my health.

10. I consent to photography, filming, recording, and x-rays of the procedure to be performed, provided my identity is not revealed. I understand these images are an integral part of the procedure, and may be used for educational purposes.

11. I request and authorize medical/dental services for me, including implants and other surgery. I fully understand that during and following the contemplated procedure, surgery or treatment, conditions may become apparent which warrant, in the judgement of the doctor, additional or alternative treatments. I also approve any modification in design, material, or care, if it is felt this is for my best interest.

X _____ Date _____

Signature of Patient

X _____ Date _____

Signature of Robert H. Bridgeman, D.D.S, P.A.