Dental Implant Consent

Informed consent. The dentist fills the treatment details and explains them; the patient or their representative signs.

Clinic and clinician

HOSPITAL OR CLINIC

DENTIST NAME

REGISTRATION NO. (MEDICAL COUNCIL)

PATIENT ID / UHID

Patient

PATIENT FULL NAME

EMAIL

DATE OF BIRTH

GENDER

PHONE

Proposed treatment

IMPLANT SITE(S)

IMPLANT SYSTEM

DATE

BONE GRAFT NEEDED?

TOTAL COST (₹)

CROWN AFTER (MONTHS)

A titanium post is placed in the jaw and left to fuse with the bone, usually for 3 to 6 months, before a crown is fixed on it.

Risks

Every treatment carries some risk. The common and the serious ones for this treatment include:

- Pain, swelling and bruising
- Implant failing to fuse, needing removal
- Nerve injury causing numbness of lip or chin
- Sinus involvement with upper implants
- Long-term gum infection around the implant (peri-implantitis)

RISKS SPECIFIC TO THIS PATIENT

Alternatives

- A bridge
- A removable denture
- No replacement

Your health

Do you smoke or chew tobacco?

○ No ○ Yes

Do you have diabetes?

○ No ○ Yes

Have you had radiotherapy to the head or neck?

○ No ○ Yes

ALLERGIES, CURRENT MEDICINES, OR DETAILS OF ANY "YES"

Consent

EXPLAINED TO ME IN

SIGNED BY

REPRESENTATIVE NAME (IF NOT PATIENT)

RELATIONSHIP

- The dentist has explained the treatment, its purpose, risks and alternatives in a language I understand, and answered my questions.
- I understand no result can be guaranteed.
- This consent covers only the treatment described. If an unexpected problem arises during it that puts life or health at immediate risk, the team may do what is needed to deal with it and will explain afterwards.
- I may withdraw this consent at any time before the treatment starts.

☐ I give my consent to the treatment described above.

Patient

SIGNATURE

PRINTED NAME

DATE

Dentist

SIGNATURE

PRINTED NAME

DATE