

Dental Implant Procedure Consent Form

Patient Name:

Date of Birth:

Consulting Dentist:

Procedure

I understand that I am consenting to the placement of dental implant(s), including any related preparatory treatment as described by my dentist.

Risks and Complications

Possible risks and complications associated with dental implant procedures include, but are not limited to:

- Infection
- Bleeding
- Nerve injury (numbness or tingling)
- Sinus complications
- Implant failure or rejection
- Swelling or pain

I have had the opportunity to discuss the potential risks and complications with my dentist.

Alternatives

Alternative treatment options and their risks and benefits have been explained to me, including:

- Fixed bridges
- Removable partial dentures
- No treatment

Consent

I confirm I have read and understood the information provided to me. All my questions have been answered by my dentist. I consent to the placement of dental implant(s) and any necessary additional procedures.

Patient/Guardian Signature:

Date:

Dentist Signature:

Date: