

Dental Implant Consent Form

Patient Information

Full Name

Date of Birth

Contact Number

Procedure Information

Implant Location(s)

Notes

Acknowledgements

- ☐ I have been informed about the dental implant procedure and its purpose.
- ☐ I understand the potential risks, benefits, and alternatives to dental implants.
- ☐ All my questions about the procedure have been answered.
- ☐ I have received and understand the post-operative instructions.
- ☐ I have provided a full and accurate medical history.

Consent

I voluntarily consent to undergo the dental implant procedure. I understand I may withdraw my consent at any time before the procedure has begun.

Patient Signature _____

Date

Dentist Signature _____

Date

Witness Signature _____

Date