

Dental Implant Procedure Consent Form

This **Dental implant procedure consent form template** ensures patients understand the risks and benefits of the implant process before treatment. It clearly outlines the steps involved, potential complications, and patient responsibilities. Using this form promotes informed consent and legal protection for both patients and dental professionals.

Patient Information

Full Name:

Date of Birth:

Contact Number:

Procedure Description

The dental implant procedure involves placing an artificial tooth root into your jawbone to support a replacement tooth or bridge. The procedure will be performed under local anesthesia and may require multiple visits.

Potential Risks and Complications

- Infection at the implant site
- Injury or damage to surrounding structures (teeth, blood vessels, nerves)
- Sinus problems (upper jaw implants)
- Implant failure or rejection
- Prolonged pain, swelling, or numbness
- Need for additional corrective procedures

Benefits of Dental Implants

- Improved appearance and confidence
- Enhanced oral function (chewing, speaking)
- Durability and longevity
- Prevention of bone loss in the jaw

Patient Responsibilities

- Follow all pre- and post-operative instructions
- Attend all scheduled follow-up appointments
- Maintain optimal oral hygiene
- Inform provider of any unusual symptoms

Consent Confirmation

I confirm that I have read and understood the information provided above

regarding the dental implant procedure, including its risks, benefits, and alternatives. I have had an opportunity to ask questions and all of my questions have been answered to my satisfaction.

Signature:

Date:

For Dental Professional Use Only

Dentist/Surgeon Name:

Date of Consultation:

Notes: