



asinmaz
Cosmetic · Implant · General Dentistry
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PATIENT CONSENT FORM FOR IMPLANT SURGERY

Patient: _____

1. I understand that implants have been used for many years with long term success rate, and are now an important options for replacement of teeth and oral rehabilitation of patients
2. I have been informed that the purpose of this dental implant is to provide support for a crown, bridge, or denture and I consent to the surgical insertion of the implants by Dr. Mihran Asinmaz.
3. Dr. Mihran Asinmaz has carefully examined my mouth. Alternatives of this treatment have been explained. I have tried or considered these methods, but desire an implant to help secure and replace missing teeth.
4. I have further been informed of the possible risks and complications involved with surgery, drugs, and anesthesia. Such complications include pain, swelling, bleeding, infection, and discoloration. Numbness of the lips, tongue, chin, cheeks, or teeth may occur. The exact duration may not be determinable and may be irreversible. Also possible are injury to present teeth, bone fractures, sinus penetration, delayed healing, allergic reactions to drugs or medications used, etc.
5. I understand that if nothing is done, any of the following could occur: bone disease, loss of bone, gum tissue inflammation, infection, sensitivity, looseness of teeth, followed by necessity of extractions. Also possible are TMJ (jaw joint problems), headaches, referred pain to the back of the neck and facial muscles, as well as sore muscles when chewing.
6. I understand that in the event the implant fails, it will be removed through a second surgical procedure. I understand that there will be no refund of the fees in the event of failure. It also has been explained to me that once the implant is inserted, the entire dental treatment plan, including my personal oral hygiene, must be followed and completed on schedule. If this schedule is not carried out, the implant may fail. I understand that Dr. Mihran Asinmaz will make the prosthetic reconstruction. I also understand and agree that I must return for post-operative care and evaluation as outlined by Dr. Mihran Asinmaz.

7. I understand that the surgical procedure is for the actual placement of the implant(s), and a second procedure is sometimes required for the exposure of the implant(s) and attachment of the abutment for the crown, bridge, or denture to attach to. A waiting period of anywhere from 2-6 months (depending on each case) is required while the bone heals around the implant(s) prior to placing a restoration of the implant(s).
8. In addition, I understand that I must return for follow-up at least once a year for evaluation of oral hygiene, plaque removal and a recall maintenance prophylaxis.
9. I further understand that no guarantees have been given by the doctor and/or manufacturers of such dental implants and that cosmetic results achieved cannot be guaranteed since it is a function of the circumstances in each case. Should an implant fail, any additional fees are at the discretion of the doctor.
10. I understand that the fee I am to be charged has been disclosed to me and is satisfactory to me. I understand that I am responsible, with or without the aid of my dental insurance, for all payment for any procedures completed today.

I HEREBY CONSENT AND REQUEST DR. MIHRAN ASINMAZ TO PLACE DENTAL IMPLANTS IN MY MOUTH FOR THE PURPOSE OF DENTAL RECONSTRUCTION.

(Please note that the treatment to be completed by your restorative dentist, such as abutments, bridgework, crowns, and/or dentures over implants, etc., IS NOT included in the given fees)

Patient Name (Printed)

Date

Patient Signature

I have explained adequately the implications involved in the use of dental implants to the patient. He/She acknowledges that no guarantees have been made concerning the results of these procedures by myself or the manufacturers/distributors of the implant system.

Signature (Doctor)

Date

Signature (Witness)

