

Patient Name: ----- **DOB:** -----

I authorize Dr Faraz Hedayat-Seresht (Dentist) to perform the surgical placement of dental implants upon me.

This procedure has been recommended to me by my dentist as an option to replace my natural teeth.

I have chosen to undergo this procedure after considering the alternative forms of treatment for my condition, which include no treatment at all, complete or partial dentures, or fixed or removable bridges. Each of these alternative forms of treatment has its own potential benefits, risks and complications which have been explained to me.

The Dentist has explained the effect, nature and Consequence of such an operation to me.

I also consent to the administration of local anesthetics for these purposes.

I have been informed of some of the possible risks, complications and side effects of dental implant surgery which could include but may not be limited to the following:

- **Postoperative pain, discomfort and swelling**
- **Bleeding**
- **Postoperative infection**
- **Injury or damage to adjacent teeth or roots of the teeth**
- **Injury or damage to nerves in the lower jaw, causing temporary or permanent numbness and tingling or pain of the chin, lips, cheek, gums or tongue**
- **Restricted ability to open the mouth because of swelling and muscle soreness or stress on the joints**
- **Fracture of the jaw**
- **Bone loss of the jaw**
- **Penetration into the sinus cavity**
- **Mechanical failure of the anchor, posts or attached teeth**
- **Failure to implant itself**
- **Allergic or adverse reaction to any medications**

Most of these risks, complications and side effects are not serious or do not happen frequently.

Although these risks, complications and side effects occur only very rarely, they do sometimes occur and cannot be predicted or prevented by the dentist performing the procedure. Although most procedures have good results, I acknowledge that no guarantee has been made to me about the results of this procedure or the occurrence of any risks, complications or side effects.

These potential risks and complications could result in the need to repeat the procedures; remove the implants; or undergo additional dental, medical or surgical treatment or procedures, hospitalization or blood transfusions. Very rarely, the potential risks and complications could result in permanent numbness, disability or death. I recognize that during the course of treatment, unforeseeable conditions may require additional treatment or procedures.

Patient Signature. ----- Date. -----

Dentist Signature. ----- Date. -----