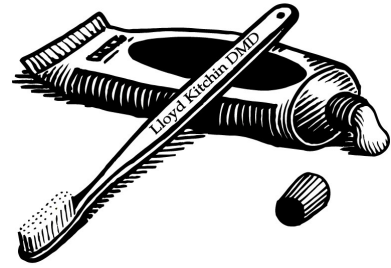


# Lloyd Kitchin, D.M.D

*Cosmetic and Family Dentistry*



## **CONSENT FORM FOR IMPLANT SURGERY AND ANESTHESIA, Pg. 1**

**Instructions To Patient: Please take this document home and read it carefully. Note any questions you might have in the area provided in Paragraph 15. Bring this back to our office at your next appointment and Dr. Kitchin will review it with you before signing on page 3.**

- 1) My doctor has explained the various types of implants used in dentistry and I have been informed of the alternatives to implant surgery for replacement of my missing teeth. I have also been informed of the foreseeable risks of those alternatives. I understand what procedures are necessary to accomplish the placement of endosteal implant (s) as recommended by my dentist. I also understand that endosteal implants (more commonly known as root form) generally have the most predictable prognosis. I promise to, and accept responsibility for failing to, return to this office for examinations and any recommended treatment, at least every 6 months. My failure to do so, for whatever reason, can jeopardize the clinical success of the implant system. Accordingly, I agree to release and hold Dr. Kitchin harmless if my implants (s) fail as a result of my not maintaining an ongoing examination and preventive maintenance routine as stated above.
- 2) I have further been informed that if no treatment is elected to replace the missing teeth or existing dentures, the non-treatment risks include, but are not limited to:
  - (a) maintenance of the existing full or partial denture (s) with relines or remakes every three to five years, or as otherwise may be necessary due to slow, but likely, progressive dissolution of the underlying denture-supporting jawbone;
  - (b) any present discomfort or chewing inefficiency with the existing partial or full denture may persist or worsen in time;
  - (c) drifting, tilting and/or extrusion of remaining teeth;
  - (d) looseness of teeth, periodontal disease (gum and bone), possibly followed by extraction (s);
  - (e) a potential joint problem (TMJ) caused by a deficient, collapsed or otherwise improper bite.
- 3) I am aware that the practice of dentistry and dental surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the success of my implant surgery, the associated treatment and procedures, or the post surgical dental procedures. I am further aware that there is a risk that the implant placement may fail, which might require further corrective surgery associated with the removal. Such a failure and remedial procedures could also involve additional fees being assessed.

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Initial