

CONSENT FORM FOR IMPLANT SURGERY AND ANESTHESIA, Pg. 2

- 4) I understand that implant success is dependent upon a number of variables including, but not limited to: operator experience, individual patient tolerance and health, anatomical variations, my home care of the implant, and habits such as grinding my teeth. I also understand that implants are available in a variety of designs and materials and the choice of implant is determined in the professional judgment of my dentist.
- 5) I have further been informed of the foreseeable risks and complications if implant surgery, anesthesia and related drugs including, but not limited to: failure of the implant (s), inflammation, swelling, infection, discoloration, numbness (exact extent and duration unknown), inflammation of blood vessels, injury to existing teeth, bone fractures, sinus penetration, delayed healing or allergic reaction to the drugs or medications used. No one has made any promises or given me any guarantees about the outcome of this treatment or these procedures. I understand that these complications can occur even if all dental procedures are done properly.
- 6) I have been advised that smoking, alcohol or sugar consumption may effect tissue healing and may limit the success of the implant. Because there is no way to accurately predict the gum and the bone healing capabilities of each patient, I know I must follow my dentist's home care instructions and report to Dr. Kitchin for regular examinations as instructed. I further understand that excellent home care, including brushing, flossing, and the use of any other device recommended by my dentist, is critical to the success of my treatment and my failure to do what I am supposed to do at home will be, at a minimum, a partial cause of implant failure, should that occur. I understand that the more I smoke, the more likely it is that my implant treatment will fail, and I understand and accept that risk.
- 7) I have also been advised that there is a risk that the implant may break, which may require additional procedures to repair or replace the broken implant.
- 8) I authorize Dr. Kitchin to perform dental services for me, including implants and other related surgery such as bone augmentation. Dr. Kitchin has also discussed the various kinds and types of bone augmentation material, and I have authorized him to select the material which he believes to be the best choice for my implant treatment.
- 9) If an unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated, I further authorize and direct Dr. Kitchin, his associates and/or assistants of his choice, to do whatever he/she/they deem necessary and advisable under the circumstances, including the decision not to proceed with the implant procedures (s).
- 10) I approve any reasonable modifications in design, materials, or surgical procedures, if Dr. Kitchin, in his professional judgment, decides it is in my interest to do so.

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