

Written informed consent

Dental Implant surgery

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for the minor oral surgery involving the placement of dental implants at the missing teeth region -----and I have been explained the procedure in detail including injection of local anaesthesia, surgical incision, drilling of jaw bone, placement of the dental implant, and closure with sutures at the end of the procedure. post-operative sequel like pain and swelling for few days has been explained.

I have been explained about the dental implant and osseointegration (implant fusion to the jaw bone) along with the chances of failures in osseointegration of the dental implant and replacement of the tooth from the implants 3-4 months later.

Alternative treatments like dental bridge/ fixed partial denture /removable partial denture/ complete denture have been discussed.

I have been explained in detail the likely hood of inferior alveolar nerve injury and paresthesia of the lower lip post-operatively in the case of lower jaw surgery.

I have been explained in detail the likely hood of injury to the maxillary sinus and chances of bleeding through the nose, post-operatively in the case of upper jaw surgery.

I hereby agree to undergo the above said minor surgery and agree to follow-up with the doctor as per his/her advice.

Date:

signature of the patient:

Time:

signature of the patient attendant:

Signature of the Doctor with seal: