



142 High Street
Morgantown, WV 26505
(304)292-7307
www.morgantowndentalgroup.com

IMPLANT INFORMED CONSENT

- _____1. I have been informed and I understand the purpose and the nature of this implant surgery procedure. I understand what is necessary to accomplish the placement of the implant under the gum or in the bone. My doctor has carefully examined my mouth. Alternative to this treatment have been explained. I have tried or considered these methods, but I desire an implant to help secure the replaced missing teeth.
- _____3. I have further been informed of the possible risks and complications involved with surgery, drugs, and anesthesia. Such complications include pain, swelling, infection and discoloration. Numbness of the lip, tongue, chin, cheek, loss of implant(s), or loss of teeth may occur. The exact duration may not be determinable and may be irreversible. Also possible are inflammation of a vein, injury to teeth present, bone fractures, sinus penetration, delayed healing, allergic reactions to drugs or medications used, etc.
- _____4. 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 extraction. Also possible are temporomandibular joint (jaw) problems, headaches, referred pains to the back of the neck and facial muscles, and tired muscles when chewing.
- _____5. My doctor has explained that there is no method to accurately predict the gum and the bone healing capabilities in each patient following the placement of the implant.
- _____6. It has been explained that in some instances implants fail and must be removed. I have been informed and understand that the practice of dentistry is not an exact science; no guarantees or assurance as to the outcome of results of treatment or surgery can be made.
- _____7. I understand that excessive smoking, alcohol, or sugar may affect gum and bone healing and may limit the success of the implant(s). Smoking during and after the healing process is an absolute contraindication for any kind of oral surgery including extractions, gum surgery, bone grafting, and implant surgery. I understand that by continuing to smoke and/or consume excessive alcohol or drugs during and after the healing process may ruin any chance of success. Dr.Dolin and his associates will take no responsibility clinically or financially if this is determined. I agree to follow my doctor's home care instructions. I agree to report to my doctor for regular examinations as instructed. I agree to the type of anesthesia, depending on the choice of the doctor. I agree not to operate a motor vehicle or hazardous device for at least 24hours or more until fully recovered from the effects of the anesthesia or drugs given for my care.
- _____8. To my knowledge I have given an accurate report of my physical and mental health history. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites; anesthetics, pollens, dust, blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health.
- _____9. I consent to photography, filming, recording, and x-rays of the procedure to be performed for the advancement of implant dentistry provided my identity is not revealed.
- _____10. I request and authorize medical/dental services for me, including implants and other surgery. I fully understand that during and following the contemplated procedure, surgery, or treatment, conditions may become apparent which warrant, in the judgment of the doctor, additional or alternative treatment pertinent to the success of comprehensive treatment. I also approve any modification in design, materials, or care, if it is felt this is for my best interest.

- _____ 11. I understand that there is a wide range of treatment options and recommendations. Each treatment option is custom designed depending on medical history, dental history and function, desired option if possible, finances, and timetable. I understand that some treatment options can be completed in one day while others can take 1 to 2 years to complete. The timetable for completion of treatment is an estimate only. There are no guarantees that any treatment can be completed in any amount of time. Setbacks, delayed healing, and modification of treatment is often unavoidable and should be expected.
- _____ 12. I understand that there are other factors that contribute to the success of dental implants like occlusion (my bite) and parafunctional habits (clenching and grinding). Dr. Dolin and his associates may recommend additional treatments such as but not limited to: Additional dental treatment, nightguards, Botox injections for treatment of TMJ, referrals to physical therapy, referral to a specialist in TMJ/ facial pain disorders. Failure to follow these recommendations before, during, and after treatment is completed can ruin the success of my treatment. Dr. Dolin and his associates will take no responsibility clinically or financially if these recommendations are not followed.
- _____ 13. I understand that not all dental implant systems are alike and have different purposes. Once the surgery is completed (extractions, implant placement, bone grafting) there is a follow up protocol. This protocol includes the restorative process (crowns, bridges, dentures). Dr. Dolin and his team have been trained on these implant systems and use a qualified lab to restore them. If this protocol is not followed or performed by Dr. Dolin it can compromise the success of your dental implant(s). Dr. Dolin will not be responsible if the restorative process is performed by an untrained dentist and/or an untrained lab. I do not hold Dr. Dolin liable for failure should I alter his plan.
- _____ 14. I understand that there is a variety of dental implants available and not all dental practitioners are trained with every dental implant system and protocol. Dr. Dolin has been trained on both conventional size dental implants (>3mm in diameter) and mini dental implants (<3mm in diameter). I have been given options and recommendations by Dr. Dolin and I have the option to seek other opinions if necessary.
- _____ 15. I understand that there is more than one way to achieve success with dental implants, and that not all dental practitioners have been trained equally. Other dental practitioners' opinions will vary based on training and experience. Other dental practitioners may recommend alterations in Dr. Dolin's treatment, even to redo treatment performed by Dr. Dolin. I understand that if I choose to alter Dr. Dolin's treatment with another dental practitioner the cost is mine alone and I will not expect Dr. Dolin to pay any portion of the costs incurred with another dental practitioner.
- _____ 16. I understand that there are follow up visits for maintenance of my dental implant(s). Maintenance visits include but are not limited to: A dental examination at least one time per year, a minimum of 2 dental cleanings per year. For implant retained dentures replacement of O-rings, locator attachments, denture cleanings, and denture relines as needed; minimum of 2 times per year. Failure to continue maintenance visits and follow recommendations can compromise the success of your dental implants.

Patient Printed Name

Patient Signature

Printed Name of Legally Authorized Representative

Relationship to Patient

Signature of Doctor

Date