

**Derek Albus, D.D.S.**  
**Consent For Dental Implant Surgery**

You have the right to be given information about implant placement so that you may decide if you choose to have the surgery. You will be asked to sign this form stating that you understand what will be done, the risks involved, and other alternative treatments.

I understand that one or more titanium dental implants is placed into my jawbone. I understand that they will be the base for replacement of one or more missing teeth.

I understand that additional procedures to shape and contour the gum tissue around an implant may be necessary. I understand that there is no guarantee on how long an implant will last.

I understand that implants placed in the lower jaw could harm one of the nerves in or near the jawbone and after the surgery; there might be pain or a numb feeling in my chin, lip, cheek, gums, teeth, or tongue. This might last for weeks or months. It can be permanent, but this rarely occurs.

I understand that loss of implant may occur if gingivitis or periodontal gum disease develops. I understand that tobacco use is extremely detrimental to the success of implant surgery.

Implants may fail if osseointegration (attachment of bone to the implant) does not take place or is disrupted. Complications from implant surgery may result in loss of implant, nerve damage, sinus infection, bruising, and swelling.

I have given a complete and truthful medical history including all medicine, drug, and tobacco use.

I agree to follow post-surgery instructions, recommended follow-up care, and will complete all prescribed medications as instructed.

My signature signifies that all questions regarding this consent have been answered to my satisfaction, and I fully understand the risks involved with the proposed procedures. I hereby give my consent for the planned surgery.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_