

Patient Name:

Date of Birth:

Consent for Dental Implants

I. Recommended Treatment

I hereby give consent to **Dt. Aykut Koşun** perform Dental Implant procedure(s) on me that consist :

and any such additional procedure(s) as may be considered necessary for my well- being based on findings made during the examination. My treatment has been explained to me and no guarantee has been made as to result or cure. I have been given satisfactory answers to all of my questions, and I wish to proceed with the treatment. I also consent of using the local anesthesia during the performance of my treatment.

II. Risks and Complications

I understand that there are risks and complications associated with the administration of medications, including anesthesia, and performance of my treatment. These potential risks and complications, include, but are not limited to, the following:

- ❖ Drug reactions and side effects.
- ❖ Post-operative pain, bleeding, oozing, infection. Swelling delayed healing, restricted mouth opening for several days or weeks.
- ❖ Damage to adjacent teeth or tooth restorations.
- ❖ Possible involvement of the sinus cavity and creation of an opening from the mouth into the nasal or sinus cavity, which may require additional treatment or surgical repair at a later date.
- ❖ Nerve injury, which may occur from the surgical procedure and/or the delivery of local anesthesia, resulting in altered or loss sensation, numbness, pain, or altered feeling in the face, cheek(s), lips, chin, teeth, gums, and/or tongue (including loss of taste). Such conditions may resolve over time, but in some cases, may be permanent.
- ❖ Inability to place the implant due to the local anatomy or implant failure.
- ❖ Discoloration and appearance changes of the gum tissue or unsatisfactory cosmetic result.
- ❖ Bone loss around the implant(s) and/or adjacent teeth, which may result in loss of implant and/or adjacent teeth and which may necessitate bone grafting
- ❖ Jaw fracture.

Date:

Signature:

(Patient/Guardian)

Witness :

(signature)