

# Dental Treatment Consent Form

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

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## Procedure Description

I, the undersigned, consent to undergo dental implant procedures as recommended by Dr. \_\_\_\_\_ . I understand that this treatment involves the surgical placement of implants into my jawbone to support artificial teeth.

## Risks and Benefits

I acknowledge that I have been informed about the possible risks and complications associated with dental implants, including but not limited to:

- Infection
- Nerve damage
- Implant failure
- Sinus issues (for upper jaw implants)

I also understand the benefits of this procedure, which may include improved chewing ability, enhanced appearance, and increased confidence.

## Alternatives

I have been informed about alternative treatment options, including:

- Dental bridges
- Partial or complete dentures
- No treatment

## Patient Acknowledgment

I certify that I have read and fully understand this consent form, and I have had the opportunity to ask questions regarding the procedure.

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

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

## **Provider's Statement**

I have discussed the procedure, risks, and benefits with the patient named above, and all their questions have been answered.

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

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