

BRUCE S. BARKER, D.M.D.,P.A.

IMPLANT PATIENT INFORMATION AND CONSENT FORM

1. I have been informed and I understand the nature of the dental implant surgical procedure. I understand what is necessary to accomplish the placements of implants into bone.
2. Dr. Barker has carefully examined my mouth and alternatives to dental implant(s) have been explained. I have tried or considered these methods, but I desire dental implants and authorize Dr. Barker to perform the following procedures:

3. I understand that if nothing is done, any of the following could occur: loss of bone, gum tissue inflammation, infection, and nerve sensitivity. Also possible are temporomandibular joint (jaw) problems, headaches, referred pain to the back of the neck and facial muscles and tired muscles when chewing.
4. Dr. Barker has explained to me that there are certain inherent and potential risks in any treatment plan or procedure and that in this specific instance such operative risks include, but are not limited to: (check items applicable)
_____ A. Postoperative discomfort and swelling that may necessitate several days of recuperation.
_____ B. Bleeding that may be prolonged.
_____ C. Postoperative infection requiring additional treatment.
_____ D. Stretching the corners of the mouth with resultant cracking or bruising.
_____ E. Restricted mouth opening for several days.
_____ F. If intravenous medication is used, soreness at the injection site or along the vein along with discoloration at the injection site.
_____ G. Injury to adjacent teeth and fillings.
_____ H. Injury to nerves near the surgical site resulting in numbness of the lip, tongue, chin, gums, cheek, and teeth on the affected side. This may persist for weeks, months or in remote instances permanently.
_____ I. Opening of the sinus requiring additional treatment or surgery.
_____ J. Failure of the implant to integrate requiring removal and possible bone grafting.
_____ K. Other: _____
5. I consent to the administration of anesthesia, including nitrous oxide/oxygen, or intravenous sedation as deemed necessary by Dr. Barker to accomplish the proposed procedure. I also agree and understand that I am not to have anything to eat or drink for 8 hours before surgery if using intravenous sedation.
6. I understand that extensive smoking, alcohol, or sugar may affect gum healing and may limit the success of the implant. I agree to follow homecare instructions and report for examinations.
7. I agree to not operate a motor vehicle or hazardous device for at least 24 hours or more until fully recovered from the effects of anesthesia or drugs used in my care.
8. I understand that certain anesthetic risks, which involve serious bodily injury, are inherent in any procedure that requires anesthetic.
9. I have had the opportunity to discuss with Dr. Barker my past medical and dental history including any serious problems and/or injuries. I agree to cooperate completely with Dr. Barker's recommendations while under his care, realizing that any lack of same could result in a less than optimal result.
10. I request and authorize medical/dental services for me, including dental implants and other surgery. If any unforeseen condition should arise in the course of the proposed procedure, calling for the doctor's judgment or for procedures in addition to or different from those now proposed, I request and authorize Dr. Barker to do whatever he may deem advisable.

I CERTIFY THAT I HAVE HAD AN OPPORTUNITY TO READ AND FULLY UNDERSTAND THE TERMS AND WORDS WITHIN THE ABOVE CONSENT AND THE EXPLANATION REFERRED TO OR MADE, AND THAT ALL STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN, AND INAPPLICABLE STATEMENTS WERE STRICKEN BEFORE I SIGNED. I ALSO STATE THAT I READ AND WRITE ENGLISH, AND THAT I AM BOTH MENTALLY AND PHYSICALLY COMPETENT TO GIVE THIS CONSENT.

Witness

Patient, Parent or Guardian

Date

Witness

Doctor

Date