

P: (604) 792-5558 F: (604) 795-0377 #3 - 9331 Mary St. Chwk BC V2P 4H3

_	PATIENT INFORMATION					
	Legal Name:	Los		Mindula	_ _ Male	□Female
	Preferred Name:	Last	First	MiddleDate (D/M/Y):		
	r referred Name	Tooth Renla	cement Area:	, , , , , , , , , , , , , , , , , , , ,		
_			ocment/wea			
	IMPLANT PATIENT INFORMATION AND CONSENT FORM					
	I have been informed and I understand the purpose and the nature of the procedures that will be used in the dental implant surgery. I understand what is necessary to complete the placement of the implants into the bone. Whenever extractions are done concurrently with implants, I give my approval to the doctor to perform as needed					
	I have reviewed my medical history with my doctor, including medications, allergies, recreational drugs and other medical conditions. I AM NOT TAKING MEDICATION RELATED TO OSTEOPOROSIS					ational
	have also repo anaesthetics,	To my knowledge, I have given an accurate report of my physical and mental health have also reported any prior allergic or unusual reactions i have had to drugs, food, it anaesthetics, pollen, dust, blood, or body disease, gum or skin reactions, abnormal bany other conditions related to my health				bites,
		uding bridge and der		xplained the alternatives considered these option		ire
	drugs, and and infection and of Also possible drugs or medic	aesthesia. I understa liscolouration. Numb are inflammation of a	ind that such possible eness of the lip, tongo vein, bone fractures e exact duration of the	omplications involved wit le complications include pue, chin, cheek, or teeth s, delayed healing, allergi ese complications may n	pain, swel may also c reaction	ling, occur.
	inflammation, problems, hea	infection, and nerve s	sensitivity. Also Poss	Loss of bone or gum tiss sible are temporomandib leck and facial muscles a	ular joint (• •
	-	explained that there lity in each patient at		urately predict the gum a the implant	and bone	

rate, in some instances, implan understand that, due to the nati success of said treatment, no g treatment or surgery. Further I	ts fail and must b ure of the treatme juarantees or ass understand that th	ally have an extremely high long term success be removed. I have been informed and I ent, and the number of factors involved in the surances can be made for the outcome of he success of the implants will determine the I whether it will be permanently fixed or
healing and may limit the succe	ess of the implant	nol, recreational drugs, or sugar may affect t. I agree to follow my doctor's home care regular examinations as instructed
prevent gum disease and bone	loss, and that if I	uire regular exams and cleanings, in order to I do not come for regular care of my implants lead to the eventual loss of my implant
	·	surgical removal and may require additional acement of additional implants
must not operate a motor vehic	le or hazardous o	n the choice of the doctor. I understand that I device for at least 24 hours or more until I have r drugs administered fro my care
		x-rays of the procedure to be performed for the my identity is not revealed
done for me. I fully understand treatment, conditions may beco additional or alternative action i	that during and forme apparent whineeded, such as the timent. I also app	ices, such as implants and other surgery may be following the intended procedure, surgery, or ich will demand the judgement of the doctor and BONE GRAFTING procedures to ensure the proved of any changes in design, materials, or
I have had ample opportunity to answered satisfactorily	read this form a	and ask any questions, and had my questions
Print Name	Date	Signature
Doctor	Date	Signature