



DENTAL IMPLANT SURGICAL INFORMATION & CONSENT FORM

I, _____, have been informed and understand that minimally invasive dental implants are available to certain dental patients. These implants are small diameter (1.8mm-2.9mm) titanium alloy dental implant screws that are placed in a patient's jaw to provide immediate and long-term stabilization. I wish to undergo this procedure as a patient of McCarl Dental Group, PC. I have requested one or more dental implants be placed.

I have been informed that the purpose of this dental implant procedure is to provide support for my jaw and to enhance function. I understand that in the event of the dental implants placed by McCarl Dental Group, PC. fail they will be removed through a subsequent surgical procedure. I further understand that it is possible that one or more of the implants may fracture during insertion, or during the implant's life cycle, and in the event a fracture were to occur, I give permission and consent to leave the fractured implant in my jaw or remove it under professional conditions and using professional judgment.

I understand a program of personal oral hygiene and dental treatment must be strictly followed by me and completed on the timely basis recommended to me. I have been informed that if this schedule and plan are not carried out, implants may fail.

I understand that function and comfort will be the primary goals of this dental procedure but that success rates of each patient vary. With that in mind, McCarl Dental Group, PC., nor any staff member can give any guarantees of success. The use of tobacco, or excessive alcohol consumption can cause failure of dental implants. I have informed McCarl Dental Group, PC. of any medical conditions, medications I may be taking, and allergies to medications.

Any swelling, infection, bleeding and/or pain may be associated with any surgical procedure, including the one recommended to me.

Conditions may occur during the life of the implant(s). Temporary or permanent numbness may occur in your tongue, lip(s), chin, gum or jaw as a result of this procedure, as well as the possibility of sinus involvement in the upper jaw.

McCarl Dental Group, PC. have discussed the possibility of alternative procedures for my individual needs and have offered to answer any of my questions concerning those procedures.

Having been fully informed, and understanding the contents, I hereby knowingly consent to the recommended surgical procedures outlined to me and request placement of dental implants for the purpose of dental reconstruction and function enhancement.

_____ Date: _____
(Patient's Signature)

(Please print your full name)

Medical conditions: _____

Medications (such as bone density and blood thinners) _____

Allergies to medications: _____

CERTIFICATION BY CLINICIAN

I certify that I have explained and informed the above patient to the best of my abilities the benefits, options and risks of the use of minimally invasive dental implants and surgical procedures.

_____ Date: _____