Amazing Dental Care
Mexico Dentistry, Experience the Savings!
480-332-0774

DENTAL IMPLANT TREATMENT INFORMED CONSENT

Patient Name: _____ **Treatment Date:** _____**Tooth/Teeth:** _____

Dental implants replace missing teeth by placing a titanium implant into the jawbone to serve as an artificial tooth root. After healing, an abutment and crown, bridge, or denture attachment will be placed to restore function and appearance.

Treatment Process

Implant treatment is completed in stages and healing times vary by patient. Treatment may include examination, X-rays, tooth extraction, bone grafting (if needed), implant placement, a healing period of approximately 3–6 months, and placement of the final restoration. Healing time varies for each patient.

Risks and Possible Complications

Although dental implants have a high success rate, complications may occur, including implant failure, infection, pain, swelling, bruising, bleeding, bone loss, gum recession, damage to adjacent teeth or nerves, temporary or permanent numbness, sinus complications (upper jaw), loosening or fracture of implant components, and the need for additional treatment or implant removal. No dental procedure can guarantee a successful outcome.

Causes of Implant Failure

Implant failure may result from smoking or vaping, alcohol consumption during healing, poor oral hygiene, chewing or placing pressure on the surgical site before healing, failure to follow post-operative instructions, infection, inadequate bone, trauma, uncontrolled medical conditions, certain medications, or reduced healing ability.

Patient Responsibilities

I certify that I have provided Amazing Dental Care with a complete and accurate medical history, including all medical conditions, allergies, and all prescription, over-the-counter, and herbal medications or supplements, and I agree to notify the office of any changes.
To improve the chance of success, I agree to:

- Follow all post-operative instructions.
- Avoid smoking, vaping, nicotine products, and alcohol during healing.
- Avoid chewing or placing pressure on the surgical site until instructed.
- Maintain good oral hygiene.
- Attend all recommended follow-up appointments.
- Notify the office immediately of excessive pain, swelling, bleeding, looseness, or signs of infection.

Implant Warranty

- If an implant fails to integrate with the bone within one (1) year of placement, Amazing Dental Care will evaluate the implant and, when clinically appropriate, provide removal of the failed implant, replacement of the implant, or repositioning of the implant at no charge.

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- If additional treatment, including bone grafting or other procedures, is recommended to improve the implant site or increase the likelihood of success, all treatment options will be discussed, and a written estimate of associated costs will be provided before treatment.
- This warranty applies only if the patient follows all post-operative instructions, attends recommended follow-up appointments, maintains good oral hygiene, and informs the office of any changes to their medical history or medications.
- The warranty is void if implant failure is associated with smoking, vaping, nicotine use, excessive alcohol use during healing, failure to follow post-operative instructions, excessive pressure or trauma to the surgical site, missed follow-up appointments, undisclosed medical conditions or medications that impair healing, or if treatment is performed or the implant is altered by another dental office.
- Warranty coverage does not include refunds, reimbursement for treatment completed elsewhere, transportation expenses, lost wages, pain and suffering, or reduced fees for future dental procedures if treatment ultimately cannot be saved.

Consent

I have had the opportunity to ask questions regarding the proposed treatment, alternatives, risks, benefits, and my responsibilities. I understand that no guarantee has been made regarding the long-term success of dental implant treatment, and I voluntarily consent to proceed.

Patient Signature:_____ **Date:** _____

Doctor Signature: _____ **Date:** _____