

6. I am aware that the practice of dentistry and dental surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the success of my implant surgery and the associated treatment and procedures. I am aware that there is a risk that the implant surgery may fail, which might require further corrective surgery or the removal of the implant with possible corrective surgery associated with the removal.
7. I have been advised that the excessive use of tobacco or alcohol may affect healing and the success of the implant. I agree to follow home care instructions and to report for recommended postoperative appointments.
8. I have been made aware that certain medications, drugs, anesthetics, and prescriptions, which I may be given, can cause drowsiness, un-coordination, and lack of awareness, which also may be increased by the use of alcohol and other drugs. I have been advised not to operate any vehicle or hazardous machinery and not to return to work while taking such medications, or fully recovered from the effects of it. I understand this recovery may take up to 24 hours or more after I have taken the last dose of medication. If I am to be given sedative medication during my surgery, I agree not to drive myself home and will have a responsible adult drive me home and accompany me until I am fully recovered from the effects of the sedation.
9. To my knowledge I have given an accurate report of my physical, dental, and mental health history. If I am currently in treatment for any health problems, I certify that I have discussed the proposed implant procedure with my health care provider and have received his or her consent to undergo this implant procedure.
10. I agree that I have read, had explained to me, and understand the consent to implant surgery. I have been given the opportunity to ask questions concerning the nature of the treatment and the risks involved. I consent to the procedure knowing it has risks and limitations.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Doctor

\_\_\_\_\_  
Witness (if available)

\_\_\_\_\_  
Parent or Guardian (if minor)

Dated: \_\_\_\_\_

Time: \_\_\_\_\_