

Informed consent to implantation

1. Full name of the patient _____
2. I was suggested alternative methods of treatment, but I give my consent to dental implantation.
3. I authorize the dentist _____ to carry out dental implantation operation.
4. I am informed that operation of high degree of complexity is planned.
5. My age is _____ years and I have the following associated illnesses:

6. I undertake to execute all prescriptions of doctor before and after operation:
 - a. Do not take food 8 hours before operation.
 - b. To take prescribed medicines before and after operation.
 - c. To observe hygiene of mouth cavity.
 - d. Do not take alcohol, do not smoke and do not take drugs.
7. I undertake to visit doctor in time fixed by him after operation, otherwise, when complications arise, it is impossible to provide early treatment that can lead to implant rejection.

| Date of visit | Note | Date of visit | Note |
|---------------|------|---------------|------|
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8. I was given notice that after operation of implantation there can be pain in jaw, soft-tissue swelling, limitation in mouth opening, there can be cracks or tissues oedema in corners of mouth that can demand home regime and fulfillment of the recommendations of the doctor.
9. I was given notice that operation of dental implantation can be complicated by bleeding at wound, inflammation, that can result in additional treatment.
10. I was given notice that dental implantation on the upper jaw can be complicated by perforation of maxillary sinus cavity, nose cavity, and in distal part of under jaw - by damage to inferior dental nerve.
11. I know, that use of bio plastic materials in dental implantation can result in their non-survival that can lead to additional treatment, including surgical intervention.
12. I confirm that I read this document attentively and signed the consent to operation and treatment.
13. I was explained and I understood that the treatment will consist of several stages and it will be long.
14. I agree with the price for operation of dental implantation, number and price for implants and bio materials.
15. In case of non-survival of implant replantation is free; repayment in amount of 25%; treatment by other means for specified amount.

Date _____

Signature of patient _____

Signature of dentist _____