



Dr. Gordon Green
Dr. Brooks Green
Dr. Nichole Barnett
147 E. Broad Street
Lyons, IN 47443
812.659.2111

Consent for Dental Implant

_____ I request and authorize Dr. Gordon K. Green/Dr. Brooks A. Green to perform the surgical placement of dental implants. This procedure has been recommended to me by dentist as an option to replace my natural teeth.

Recommended Treatment _____

_____ I understand that there are potential risks, complications and side effects associated with any dental procedure. Although it is impossible to list every potential risk, I have been informed of some of these risks. There could include but may not be limited to the following:

*Postoperative discomfort and swelling

*Bleeding

*Injury to the adjacent teeth or roots of the teeth

*Injury or damage to nerves in the lower jaw, causing temporary or Permanent numbness and/or tingling of the chin, lips, cheek, gums or tongue

*Restricted ability to open the mouth because of swelling and muscle soreness or stress on the joints in the jaw - temporomandibular joint (TMJ) syndrome

*Fracture of the jaw

*Bone loss of the jaw

*Penetration into the sinus cavity

*Mechanical failure of the anchor, posts, or attached teeth.

most of these risks are not serious and do not happen frequently, however they do happen on occasion and cannot be predicted or prevented by the dentist.

_____ I understand that I am responsible for keeping regular check up and cleaning appointments in order to maintain optimum oral health.

_____ I have informed Dr. Gordon Green/Dr. Brooks A. Green of all current and previous medical Conditions and my current medication list.

_____ I have been allowed the time and attention needed to answer Any and all questions I have concerning this treatment.

Printed Name of the Patient _____

Signature of patient, parent or guardian _____

Date _____
