

**IMPLANT SURGERY**  
**PATIENT INFORMATION AND CONSENT FORM**

1. I, \_\_\_\_\_, authorize Dr. Budd to provide implant surgery, which appears indicated by the diagnostic evaluations already performed. The alternatives to implant treatment have also been explained to me.
2. I authorize Dr Budd to do whatever he deems necessary and advisable where unforeseen conditions arise in the course of treatment. This may include the placement of supplemental bone grafts to assist in placing or securing implants. This may also include the decision not to proceed with the implant procedure. In this case a minimum surgical fee of \$960.00 will be charged. In some cases this fee may be applied to concomitant treatments, e.g. bone grafts and ridge preservation procedures.
3. 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 regarding the success of my implant surgery and associated treatment procedures. I am aware that there is a risk that the implant surgery may fail which may then require further corrective surgery or the removal of the implant. I have been advised that use of tobacco, excessive use of alcohol or sugar may limit the success of the implant. If a failure occurs and further treatment is necessary a surgical fee of \$300.00 will be required to replace the implant.
4. As with any surgical procedure there are possible complications. These include but are not limited to: post-operative pain, bleeding, infection or abscess, temporary bruising of the face, a change in sensation or numbness to the lip, chin, gum and/or tongue which may be a temporary or permanent in nature, limited oral function, temporomandibular joint problems, and poor healing which may result in loss of the implant.
5. If Dr. Budd prescribes a sedative type medication, I agree not to operate a motor vehicle or other hazardous device for at least 24 hours or more until full recovery from the affects of the drug have occurred.
6. I certify that I have read, have had explained to me, and fully understand this consent to implant surgery and it is my intention to proceed with the recommended treatment.
7. I agree to the quoted fees for implant surgery and to the payment schedule outlined by Dr. Budd and/or his treatment coordinator. I understand that this quoted fee includes the surgical placement and uncovering of the implant(s), placement of temporary healing abutments and associated anesthesia. This quote does not include placement of abutments, prosthetic treatment, and treatment maintenance. The build up of teeth on the implants is the responsibility of the dentist, who can provide you with a separate quote.

**Publication of Records**

I authorize photos, slides, x-rays or any other viewing of my care and treatment during or after its completion to be used for the advancement of dentistry and for lecture and reimbursement purposes. My identity will not be revealed to the general public, however without my permission.

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**Signature of Patient** (or Guardian)

**Date:** \_\_\_\_\_