



Consent form for Dental Implant Treatment (Surgical Part)

Dental Hospital

Patient Information

Name.....Age.....years HN.....

Number of implant.....Implant sites (tooth number).....

I have decided to undergo dental implant treatment and have been informed of the treatment plan and the following details.

1. The attending dentist has explained the benefits, disadvantages, and alternative treatment options, as well as potential complications. The treatment will be carried out according to professional standards to achieve the best possible outcome.

2. Dental implants are one of several options for replacing missing teeth, and patients may choose alternative treatments.

3. Implants require adequate bone and soft tissue for placement. Additional procedures may be necessary before, during, or after implantation to enhance bone and tissue volume.

4. Other procedures that may be required in addition to implant placement include bone grafting, soft tissue grafting, and maxillary sinus floor elevation. These procedures, as well as the implant surgery itself, may lead to complications such as:

- Inflammation, swelling, and postoperative bleeding
- Postoperative infections
- Failure of bone or soft tissue grafting
- Infection of the maxillary sinus
- Damage to adjacent teeth or surrounding anatomical structures

I,....., have been fully informed about the dental implant procedure by Dr..... and have had the opportunity to ask questions and clarify any concerns. I understand the potential risks associated with the procedure and acknowledge that, in the event of complications, I will receive appropriate treatment immediately.

Based on the above information, I confirm that I have received sufficient details and voluntarily consent to the proposed treatment.

Signature:
(.....)

Treating Dentist

Signature:
(.....)

Patient / Authorized Representative

Relationship to the patient:

Signature:
(.....)

Witness

Signature:
(.....)

Witness

Date: Time:

Note:

1. If the patient comes alone, please note "Patient came alone" in the witness signature field.
2. If the patient is under 18 years old, a parent or guardian must sign the patient/guardian field.