Consent Form for Prosthetic Treatment After Dental Implant Placement (Prosthetic Part)
PSU Dental Hospital

Name: ..... Age: ..... HN: ..... have decided to undergo prosthetic treatment after dental implant placement for tooth no. ....., totaling ..... teeth.

I have read and understood the dental information and treatment plan as follows:

1. **Soft Tissue and Bone Loss:**

☐ Dental implant placement may cause gum tissue recession (soft tissue loss) or increased bone loss, affecting the restoration of the prosthetic part.

☐ It may be necessary to undergo a soft tissue or bone graft either before or after prosthetic treatment, which may not have been initially planned.

☐ This could extend the treatment duration and increase costs.

2. **Treatment Duration:**

☐ To achieve both aesthetics and functionality, prosthetic treatment after implant placement involves multiple steps, each requiring evaluation.

☐ The overall treatment process takes a significant amount of time.

3. **Prosthetic Component Risks:**

The prosthetic part connects to the dental implant, and errors or failures may occur at the connection site, such as:

☐ Loose screws

☐ Broken screws

☐ Fractured abutments

4. **Temporary Crowns:**

☐ During treatment, a temporary crown may be placed.

☐ Patients must be cautious when using it and maintain proper hygiene.

5. **Treatment Cost:**

The cost of the dental implant and the prosthetic part is charged separately. Treatment costs are based on the latest fee schedule of the Faculty of Dentistry, Prince of Songkla University.

6. **Follow-up Appointments:**

After completing treatment, patients must return for follow-ups as scheduled by the dentist.

7. **Treatment Plan Adjustments:**

☐ During treatment, changes to the initial plan may be necessary based on suitability.

☐ The priority will be the feasibility of treatment, patient safety, and overall benefits.

8. **Patient Decision**

I have read and understood the information regarding prosthetic treatment after dental implant placement. I have had the opportunity to ask questions and discuss any concerns with my dentist. I fully understand the potential risks involved in this treatment. If any of these risks occur, I will receive appropriate treatment immediately.

I have received satisfactory answers to my questions regarding the procedure, risks, benefits, and costs.

☐ **I consent** to prosthetic treatment after dental implant placement, accepting all associated limitations, risks, and costs.

☐ **I do not consent** to prosthetic treatment after dental implant placement, and I understand and accept the consequences of my decision.

Signature:	Signature: .....
(.....)	(.....)
Treating Dentist	Patient / Authorized Representative
	Relationship to the patient: .....
Signature:	Signature: .....
(.....)	(.....)
Witness	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.