

Surgical consent form for mini Dental implants



I have watched the imtec consent video. _____ initial _____ assistant

Placing the mini dental implants involves a minimally invasive surgical procedure with local anesthetic and I may experience moderate pain for a few days afterwards. I understand that all implant systems (as well as natural teeth) are subject to potential failure due to natural causes, including osteoporosis, poor oral hygiene, wear and tear attrition, poor health, heavy, stressful biting habits, nicotine use, and lack of follow-up dental maintenance care. Mini implants do not carry any actual or implied guarantee of longevity. Case failures are extremely rare, but any replacement will incur a nominal fee. _____ initial _____ assistant

As with all dental procedures, there is a short adjustment period during which time the patient becomes comfortable placing and removing the denture. Typically, this involves removal of the denture in the morning, evening and after meals and brushing the gums and implant area with a soft toothbrush or a specially made curved bristle toothbrush (ACCESS) and toothpaste. The denture should be rinsed and cleaned at this time. There are also special gels and mouth rinses available. The O-rings in the denture attachment area will need to be replaced as they wear and loose resiliency. _____ initial _____ assistant

I have had all of my questions answered and understand the mini implant procedure and what to expect from the mini dental implants.

Signature: _____

Witness: _____