

DENTAL IMPLANT CONSENT FORM

I, _____ consent to the surgical insertion of _____ dental implant(s) in my jaw(s) by Dr. Gerard Charanduk. The purpose of the dental implants is to provide support for dental prosthetic reconstruction (bridge or denture). I understand that at present, no one can predict how long dental implants will provide service in the oral cavity. It has been explained to me that should implant failure occurs within five (5) years of insertion, it may be replaced if required without further cost. There will be no refund for all or part of the fee for the implants. It has also been explained to me that once the implant is inserted, the entire dental treatment plan must be completed on schedule. If this is not done, the implant(s) may fail and it shall be my responsibility. I will also agree to appear at least annually for evaluation during the five (5) year warranty period. I understand that smoking, poor oral hygiene, and excessive loading of implants are critical factors in implant success and may contribute to premature failure.

I hereby consent to and request that Dr. Gerard Charanduk place _____ dental implant(s) in my mouth for the purpose of dental restorations. I hereby consent and request that local anesthetic and sedation be utilized for this procedure as required.

I hereby give consent that augmentation materials such as bone, soft tissue, barrier membrane, and others as required be utilized in conjunction with implant placement. I understand there may be an additional cost for these materials and their utilization by Dr. Gerard Charanduk.

DATE Signature _____

DATE} Witness _____

I have explained to _____ the implications involved in the use of dental implants.

Dr. Gerard Charanduk, D.M.D

DATE