

James W. Betancourt, DMD, MS
Indian River Implant Center

READ,
SIGN &
RETURN

Diplomate of the American Board of Periodontology
Periodontics / Implant Surgery

Patient Name_____

INFORMED CONSENT FOR IMPLANT SURGERY AND ANESTHESIA

The implant surgery procedures have been explained to me, and I understand what is necessary to accomplish the placement of the implant under the gum and into or on the bone.

Dr. Betancourt has carefully examined my mouth. To my knowledge, I have given an accurate report of my health history. Any prior allergic or unusual reactions to drugs, gum or skin reactions, abnormal bleeding, and any other conditions related to my health are included.

I was informed of other methods which would replace the missing teeth. I have tried or considered these methods, but I desire an implant to help replace the missing teeth.

Dr. Betancourt has explained that there is no method to accurately predict the gum and bone healing capabilities in each patient following the placement of the implant.

I understand that excessive smoking, alcohol, or sugar may affect gum healing and may limit the success of the implant. I agree to report to Dr. Betancourt (or if out of town, an approved dentist) for checkups as instructed.

I have been informed and understand that occasionally there are complications of the surgery, drugs and anesthesia. Such possibilities are pain, swelling, infection and gum discoloration. Numbness of the lip, tongue, chin, cheek or teeth may occur, the exact duration of which may not be determinable, and which may be irreversible. Also possible are inflammation of the vein, injury to teeth if present, bone fractures, sinus penetration, infection, delayed healing and allergic reactions. It has been explained to me that in some patients implants may fail and must be removed.

With full understanding, I authorize Dr. Betancourt to perform dental services for me, including implants and other surgery. I agree to the type of anesthesia chosen by Dr. Betancourt. I agree not to operate a motor vehicle or any hazardous device for at least 24 hours after the surgery or until I am fully recovered from the effects of the anesthesia or drugs given for my care.

I authorize photos, slides, xrays or any other documentation of my care and treatment during its progress to be used for the advancement of implantology. I approve any modifications in designs, material or care if, in Dr. Betancourt's professional opinion, such modification is for my best interest.

I understand that there is no warranty or guarantee as to any results. I am further advised that I can get an explanation of all risks before or during the progress of my treatment simply by asking.

Date

Patient's Signature

Date

Doctor's Signature

Date

Witness' Signature