



Complete Smile Dentistry
Consent Form for Implant Procedures

_____ I have had surgical implant procedures explained to me and I understand what is necessary to accomplish an implant under the gum or in the bone. I have been informed of alternative methods and wish to have the implant procedure performed to help secure or replace missing teeth.

_____ It has been explained that there is no method to absolutely predict the healing capabilities of my gums and bones. I do understand that the success of the implant can be affected by smoking, alcohol consumption, diet, habitual clenching and grinding of my teeth, and inadequate oral hygiene. Also, I understand that the fit and force distribution of the tooth replacements can be a big factor in the success or failure of implants.

_____ I have been informed, had the opportunity to ask questions, and understand that occasionally there are complications of the surgery, drugs, or anesthesia. Possibilities such as pain, infection, discoloration, numbness of the lip, tongue, chin, cheek, or teeth may occur. The exact duration of these problems cannot be absolutely determined and could be irreversible. Also, possible are injury to existing teeth, bone fractures, nasal or sinus penetrations, delayed healing, and allergic reactions.

_____ It has been explained that in some patients, implants are unsuccessful and must be removed.

_____ With full understanding, I authorized performance of dental service for me, including implants, and other necessary surgery. I also agree to follow the instructions for post-operative as given to me.

_____ I authorize photos, slides, x-rays, or any other viewing of my care and treatment during its progress to be used for the advancement of implant dentistry. I authorize the dentist to use pictures of my mouth to educate other patients and promote his dental practice. A full picture of my face will not be shown without my permission.

_____ I understand that there is no warranty or guarantee to any results. I am further advised that I can have further explanation of procedures and consequences before or during the progress of my treatment by just asking.

_____ If any unforeseen condition should arise in the course of the operation calling for the doctor's judgment or for procedures in addition to or different from those now contemplated, I request and authorized the doctor to do whatever he/she may deem advisable.

Katherine K. Yi, D.D.S.

302 Satellite Blvd. NE #216 Suwanee, GA 30024

(678)541-6020 phone (678)541-6023 fax

mycompletesmile@gmail.com



_____ I consent to the administration of local anesthesia in connection with the procedure referred to above, by the doctor whose signature appears below, and to the use of antibiotics as may be deemed advisable with the exception of: _____ to which I said was allergic.

_____ I understand that a bone grafting procedure may need to be completed in conjunction with implant placement to help stabilize the implant. I understand the risks associated with the bone grafting procedure include but are not limited to transmission of any human disease.

_____ I understand that a membrane may be needed in conjunction with bone grafting. Membranes are made from bovine (cow) and porcine (pig). I understand that the risks associated with using a membrane include but are not limited to: infection, risk of transmission of any bovine (cow) and porcine (pig) disease.

_____ I understand that a sinus lift procedure may be necessary. The risks of the sinus lift procedure have been explained to me.

Katherine K. Yi, D.D.S.

302 Satellite Blvd. NE #216 Suwanee, GA 30024

(678)541-6020 phone (678)541-6023 fax

mycompletesmile@gmail.com