

MINI IMPLANT CONSENT FORM

Patient name: _____

I hereby consent to the surgical insertion of one or more mini dental implants, which will be performed by **Dr. Amir Guorgui**, General Dental Surgeon.

I have been informed and understand that transitional or mini implants are available to certain dental patients. These mini implants are smaller in diameter than traditional implants. They are placed in a patient's jaw to provide immediate stabilization of teeth and enhance function. I am aware that the long-term function cannot be predicted.

I understand that in the event that the mini dental implants fail they will be removed through a subsequent surgical procedure. I further understand that it is possible that one or more of the implants may fracture during insertion, or during the implant's life cycle. In the event that such a fracture occurs, I give permission to leave the fractured implant in my jaw if indicated by my dentist's clinical judgment. It has also been explained to me that once the mini implants are inserted or implanted, a recommended dental treatment plan, including a program of personal oral hygiene must be strictly followed by me and completed on schedule. I have been informed that if this schedule and plan are not carried out, the implants may fail.

I have been advised that swelling, infection, bleeding, and or pain may be associated with any surgical procedure. I have also been advised that temporary or permanent numbness may occur in my tongue, lips, chin, gum or jaw.

I am aware that I must return for appropriate postoperative care and evaluation, which will include evaluation of oral hygiene and plaque removal. I also understand that function and comfort will be the primary goals of this dental procedure but that success rates for each patient vary. With that in mind, no guarantees of success have been given to me. I have also been informed that use of tobacco, including cigarette smoking, as well as excessive alcohol consumption can cause failure of dental implants.

I certify that I have read and fully understand the above consent of treatment, and I am fully satisfied with the explanations given to me by Dr. Amir Guorgui

Patient's or legal guardian's signature

Date

I confirm that I have explained the proposed treatment and potential risks and/or complications associated with the procedure.

Doctor's signature

Date