

MSMILINE CLINIC
MINI IMPLANT SURGICAL CONSENT FORM

I, _____, have been informed and understand that “mini” dental implants are available to certain dental patients. These mini implants are small diameter (1.8mm to 2.4mm) titanium alloy dental screws that are placed in a patient’s jaw to provide immediate and long-term stabilization of teeth. I am aware that these implants are being placed for the immediate and on-going stabilization of my dental prosthesis. I wish to undergo this procedure as a patient of _____. I have requested Dr. _____ to place one or more mini-dental implants into my jaw.

I have also been fully informed by Dr. _____ that the purpose of this dental implant procedure is to provide support for my lower jaw and to enhance function, and I hereby consent to the surgical insertion of long-term or mini-dental implants in my jaw by my clinician. I understand that in the event the mini-dental implants implanted by Dr. _____ fail they will be fracture during insertion, or during the implant’s life cycle, and in event a fracture were to occur, I give Dr. _____ permission and consent to leave the fractured implant in my jaw or remove it, under professional conditions and using professional 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 am further aware that the surgical procedure includes the insertion of the mini-dental implants in my jaw, and possibly the construction of a prosthetic device. I am aware that I must return for appropriate post-operative care and evaluation on a timely basis which will include 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 of each patient vary. With that in mind, no guarantees of success have been given me by Dr. _____ or any member of his staff. He has also informed me that use of tobacco, including cigarette smoking, as well as excessive alcohol consumption, can cause failure of dental implants.

I have further been advised that swelling, infection, bleeding and/or pain may be associated with any surgical procedure, including the one recommended to me by Dr. _____, and that said conditions may occur during the life of the implants. I have also been advised that temporary or permanent numbness may occur in my tongue, lip(s), chin, gum, or jaw as a result of this procedure, as well as the possibility of sinus involvement in the upper jaw. Dr. _____ has discussed the possibility of alternative procedures for my individual needs and has offered to answer any of my concerning those procedures.

Having been fully informed of the above, I hereby knowingly consent to the recommended surgical procedures outlined to me by Dr. _____, and request him to place one or more as long-term mini-dental implants into either my palate or between my teeth in my upper and lower jaw for the purpose of dental reconstruction and functional enhancement.

I further give Dr. _____ my express permission to photograph the exterior and interior of my mouth and maxillofacial area for the purpose of clinical research, peer review, and education in my jaw for the purpose of dental reconstruction enhancement.

I further state that I have carefully read this surgical consent form and understand the contents.

PATIENTS' SIGNATURE

DATE

CERTIFICATION BY CLINICIAN

I, _____, certify that I have explained to the above patient the ramifications of the use of long-term or mini-implants to the best of my professional ability. I further certify that in my opinion, the above patient is fully informed of the risks and possible benefits of the particular surgical procedure agreed to.

DOCTOR'S SIGNATURE