FAMILY DENTISTRY

124-09 Liberty Ave Richmond Hill, NY 11419.

DR. VENKATESH DENTAL CARE, P.C.

Informed Consent for Implant Removal

Dentist's Name:_____Patient's Name: _____

The removal of an implant is a surgical procedure. As with any surgical procedure there are some risks. These risks include, but are not limited to the following:

1. Swelling and/or bruising and discomfort in the surgical area.
2. Stretching of the corners of the mouth resulting in cracking or bruising.
3. Possible infection requiring additional treatment.
4. Trismus, or limited jaw opening due to inflammation or swelling, most common after wisdom tooth extraction. Sometimes this is a result of jaw joint discomfort (TMJ), especially when a TMJ disorder already exists.
5. Bleeding - significant bleeding is not common, but persistent oozing can be expected for several hours.

Serious complications are not expected. Those which do occur are most often minor and can be treated. I also give my permission to receive supplemental membranes, bone grafts, or other types of grafts to build up the ridge of my jaw thereby assisting in placement, closure, and security of future placement of implant, which may require additional charges.

Supplemental Records and their Use: I consent to photography, video recording, and x-rays of my oral structures as related to these procedures, and for their educational use in lectures or publications, provided my identity is not revealed.

Signature:_____Date: _____