

**Brannon Dental Group**  
21809 N. Scottsdale Rd. Ste C105  
Scottsdale, AZ 85255

# Implant Patient Prosthetic Information and Consent Form

**Phone: 480.563.0000**  
**Fax: 408.563.4445**

Patient: \_\_\_\_\_ Date \_\_\_\_\_

1. I, \_\_\_\_\_, authorize the prosthesis prescribed by Dr.(s) that appears indicated by the diagnostic studies and/or evaluations already performed for use with my surgical implant and other dental needs.
2. I have discussed with Dr.(s) the risk associated with the surgical implant and have consented to that procedure.
3. Alternatives to implant surgery and the implant prosthesis have been explained to me, including their risks. I have tried or considered these alternative treatment methods and their risks, but I desire an implant and an implant prosthesis to help secure and replace my missing teeth.
4. I am aware that the practice of dentistry and dental surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the success of my implant prosthesis and the associated treatment and procedures. I am aware that the implant surgery and/or prosthesis may fail, which may require future corrective surgery associated with the removal.
5. As with any dental prosthesis, there are possible complications of which I have been informed. These include, but are not limited to the following: Risk of improper fitting bridge work; risk of improper occlusion; risk of prosthetic and/or material failure; loss of permanent teeth; loss of the prosthesis and/or implant if dental disease develops due to improper home care or other reasons; loss of the implant and/or prosthesis if systemic disease develops and wear or breakage of the implant component and/or prosthesis. The development of any of these aforementioned risks may result in the need for surgical removal of the implant and the use of alternative forms of treatment.
6. I have been advised that the use of tobacco, alcohol and/or sugar may affect the implant and the prosthesis and may limit the success of this treatment. I agree that I will follow my dentist's instructions for home care, oral hygiene, and agree to follow my dentist's instructions for follow-up care and treatment once the prosthesis has been placed.
7. I certify that I have read, have had explained to me, and fully understand the foregoing consent to implant prosthesis and that it is my intention to have the foregoing carried out as stated. I have been advised that this is a relatively new procedure and that information concerning the longevity of the particular implant and the prosthesis to be used may not be available. However, I have discussed this, as well as the nature of the implant product to be used and I consent to this procedure knowing its risks and limitations.

Patient: \_\_\_\_\_

Doctor \_\_\_\_\_

Parent or Guardian (if patient is a minor) \_\_\_\_\_

Witness (if available) \_\_\_\_\_

Dated: \_\_\_\_\_ Time: \_\_\_\_\_