LUNAR SMILE
DENTISTRY

475 Wharncliffe Rd S, London, ON N6J 2N1
226-884-2573 · info@lunarsmiledentistry.ca
lunarsmiledentistry.ca

PROCEDURE CONSENT

Consent for Implant Removal

Before you sign. Read this form carefully and ask us about anything that is unclear before you sign. Your dentist will go over it with you before treatment begins. To fill it in on a computer, open it in Adobe Acrobat Reader (free), then save it and email it to info@lunarsmiledentistry.ca, or print it and bring it to your appointment.

Patient

Patient full name

Date of birth (YYYY-MM-DD)

Phone

Implant site

Reason for removal (if known)

About implant removal

Removing a dental implant is a surgical procedure. It is usually done with local anaesthetic. Serious complications are not expected, and those that do happen are usually minor and treatable. Possible complications include:

1. swelling, bruising and discomfort around the surgical area;
2. cracking or bruising at the corners of the mouth from being stretched;
3. infection that needs more treatment;
4. limited jaw opening due to swelling or inflammation, or jaw joint (TMJ) discomfort, especially if you already have a jaw joint condition; and
5. bleeding: heavy bleeding is uncommon, but some oozing for several hours is normal.

Rebuilding the area

When an implant is removed, your dentist may recommend placing a bone graft, membrane or other graft at the same visit. This rebuilds the jaw ridge so the site can heal well and a new implant can be placed later if wanted. Grafting has additional fees.

If my dentist recommends grafting at the same visit, I agree to it:

◯ Yes ◯ No ◯ Discuss with me first

Photos and records (optional)

Photos, x-rays and scans of your mouth are taken as part of your treatment record. With your permission, we may also use them, with nothing that identifies you, for teaching or professional publications. Saying no has no effect on your care.

May we use your de-identified records for teaching?

◯ Yes ◯ No

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Your consent

Please tick each statement to confirm it is true for you.

- ☐ I have read this form, or had it read to me, and I understand it.
- ☐ My dentist has explained the procedure, why it is recommended, the possible risks, and the other options available to me, including no treatment.
- ☐ I have had the chance to ask questions, and my questions have been answered to my satisfaction.
- ☐ I understand that dentistry is not an exact science and that no particular result has been promised or guaranteed to me.
- ☐ I have given an accurate and complete health history, including medications, allergies, past reactions, and pregnancy if applicable.

Consent. I consent to removal of the dental implant named above. If something unexpected is found during treatment, I allow my dentist to do what is reasonably necessary in my best interest, and I understand this will be discussed with me whenever possible.

Signed by: ○ Patient ○ Parent ○ Legal guardian ○ Spouse / partner ○ Substitute decision-maker

Full name of person signing

Relationship (if not the patient)

Email

Signature

X _____

Date (YYYY-MM-DD)

Sign with the Fill & Sign tool in Adobe Acrobat Reader, or print this page and sign by hand.

For office use

Reviewed with patient by

Witness

Date