



COCHRAN
FAMILY DENTAL
BRIAN G. COCHRAN, DDS

IMPLANT SURGERY CONSENT TO TREATMENT

1. I, _____ authorize Dr. Cochran to provide surgical placement for dental implants.
2. Alternatives to an implant supported and/or retained prosthesis have been explained to me. I have tried or considered these alternative treatment methods and their risks, but I desire an implant and implant prosthesis to secure and/or replace my missing teeth.
3. The implant surgical procedure has been explained to me and I understand the nature of this surgery, anesthesia, and other planned procedures. I have been advised that bone grafting and/or guided tissue regeneration may be necessary. I understand that the location of implants and need for bone grafting may vary depending upon the circumstances.

Type of Implant _____

Teeth #'s _____

Bone grafting _____

4. My doctor has explained to me that there are certain inherent and potential risks and side effects in any surgical procedure and in this specific instance such risks include, but are not limited to the following:
 - ☐ Postoperative discomfort and swelling that may require several days of at-home recuperation.
 - ☐ Prolonged or heavy bleeding that may require additional treatment.
 - ☐ Injury or damage to adjacent teeth or roots of adjacent teeth.
 - ☐ Postoperative infection that may require additional treatment.
 - ☐ Restricted mouth opening for several days; sometimes related to swelling and muscle soreness and sometimes related to stress on the jaw joints (TMJ).
 - ☐ Injury to the nerve branches in the lower jaw resulting in numbness or tingling of the chin, lips, cheek, gums, or tongue on the operated side. This may persist for several weeks, months, or in rare instances, permanently.
 - ☐ Opening into the sinus (a normal chamber above the upper back teeth) requiring additional treatment, such as bone grafting or barrier covering.
 - ☐ If the sinus is entered (sinus lift procedure with grafting) there will usually be several weeks of sinusitis symptoms requiring certain medications and additional recovery time.
 - ☐ Other: _____
5. It has been explained to me that during the course of the procedure unforeseen conditions may be revealed which will necessitate additional or different procedures. I authorize my doctor and his staff to perform such procedures as necessary and desirable in the exercise of professional judgment, upon consultation with the patient.