

WHITE CLINIC

BELGRADE



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DENTAL IMPLANTS PLACEMENT CONSENT

- I am familiar with and fully understand the purpose and nature of dental implant therapy. It has been explained to me that dental implants are placed beneath the gums into the bone tissue.
- The attending physician has familiarized themselves with the condition of my oral cavity. Alternative treatments have been explained/proposed to me, and keeping them in mind, I have decided on dental implant therapy to replace my missing teeth.
- I understand that the goal of dental implant placement is to create a foundation for a prosthetic restoration in the form of a single tooth, bridges, a removable prosthetic restoration, or support for orthodontic purposes.
- The risks and complications that may arise from surgical therapy, anesthesia, medication, and prosthetic restoration have been presented to me. These include postoperative pain, swelling, infection, nerve damage, and tissue discoloration. Numbness of the lip, tongue, chin, and teeth is possible, and it is impossible to predict exactly how long it will last or if it will disappear completely. Possible complications also include inflammation of the veins or soft tissue, injury to adjacent teeth, bone loss or fracture, opening of the sinus cavity, prolonged healing, and allergic reactions to prescribed medications.
- Furthermore, I am aware that if tooth replacement therapy is NOT undertaken, consequences may include: bone tissue disease and loss, soft tissue inflammation, infection, sensitivity, loosening of teeth followed by the need for extraction, temporomandibular joint (TMJ) disorders, headaches, pain in the back of the neck, and fatigue of the chewing muscles.
- The doctor explained that there is no method to accurately predict the time and extent of soft tissue and bone healing for every patient following implant placement.
- I have been told that in some cases, implants fail and must be removed. Parts of the prosthetic restoration and/or the implant may break and require correction or replacement. An unsatisfactory aesthetic or functional result may occur due to implant loss or an unsatisfactory implant angle or position. I understand that dentistry is not an exact science; an absolute guarantee of therapeutic success is impossible.
- I understand that excessive consumption of tobacco, alcohol, and sugar can jeopardize gum healing and limit the success of the implant. I agree to follow the instructions given to me by the doctor and to attend my scheduled follow-up appointments.
- It has been explained to me that once the implant is placed, the tooth replacement therapy must be completed within the planned timeframe or there is a risk of losing the implant.
- To the best of my knowledge, I have provided accurate information regarding my physical and mental health. I have informed the doctor of any allergic or unusual reactions to medications, food, or anesthetics, as well as cardiovascular diseases, autoimmune diseases, infectious or other diseases, and any regular therapy I am taking.
- I consent to the photography, video recording, and radiography of the intervention to be used for scientific purposes, provided that my identity remains protected.
- I consent to the doctor placing dental implants for the purpose of replacing my missing teeth.

PATIENT SIGNATURE _____

DOCTOR'S SIGNATURE _____

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