

Broadway Dental

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DENTAL IMPLANT SURGERY – CONSENT FORM

1. I have been informed and I understand the purpose and the nature of the dental implant surgery procedure. I understand what is necessary to accomplish the placement of implants into the bone.
2. My doctor has carefully examined my mouth. Alternatives to this treatment have been explained. I have tried or considered these methods, but I desire dental implants.
3. I have further been informed of the possible risks and complications involved with surgery, drugs, and anesthesia. Such complications include pain, swelling, infection, and discoloration. Numbness of the lip, tongue, chin, cheek, or teeth may occur. The exact duration may not be determinable and may be irreversible. Also possible are inflammation of a vein, bone fractures, delayed healing, allergic reactions to drugs or medications used, etc.
4. I understand that if nothing is done, any of the following could occur: loss of bone, gum tissue inflammation, infection, and nerve sensitivity. Also possible are temporomandibular joints (jaw) problems, headaches, referred pains to the back of the neck and facial muscles, and tired muscles when chewing.
5. My doctor has explained that there is no method to accurately predict the gum and the bone healing capabilities in each patient following the placement of the implant.
6. It has been explained that in some instances, implants fail and must be removed. I have been informed and understand that the practice of dentistry is not an exact science; no guarantees or assurances as to the outcome of treatment or surgery can be made.
7. I understand that extensive smoking, alcohol, or sugar may affect gum healing and may limit the success of the implant. I agree to follow my doctor's home care instructions. I agree to report to my doctor for regular examinations as instructed.
8. If I choose to have the surgery under general anesthesia, I agree not to operate a motor vehicle or hazardous device for at least 24 hours or more until recovering from the effects of the general anesthesia or drugs given for my care.
9. To my knowledge, I have given an accurate report of my physical and mental health history. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollen, dust, blood or body diseases, gum or skin reactions, abnormal bleeding, or any other conditions related to my health.
10. I consent to photography and x-rays of the procedure to be performed for the advancement of implant dentistry, provided my identity is not revealed.

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DENTAL IMPLANT SURGICAL PRE-OP INSTRUCTION FORM

Patient: _____

Appointment Date: _____ Time: _____

Procedure: _____

- Wear comfortable clothes with loose fitting sleeves. No make-up or jewelry.
- We suggest having something light to eat prior to your surgery (unless you are an **IV sedation patient**), especially if you are diabetic.
- **Sedation patients** should not eat or have anything to drink at least **8 hours** prior to the appointment. High blood pressure, diabetes, or pre-meds may be taken with water.
- If you have problems with or are taking medication regularly it would be wise to consult with your physician and Dr. Nguyen before the surgery. Please advise Dr. Nguyen prior to the surgery if you are currently taking anticoagulants, blood thinners, high blood pressure medication, and/or insulin.
- Please remember to take the **antibiotic** and **pain medications** that Dr. Nguyen prescribed to you, as directed before your surgery appointment.
- A parent or legal guardian must accompany minors.

Dental implant surgery is a major dental procedure that is customized to the individual patient and requires extensive planning, preparation, and cost of pre-ordering materials. **A \$500 deposit is required to reserve an appointment. Please let the office know 5 business days in advance if you plan to cancel or reschedule your appointment in order to avoid losing the deposit.**

Patient Signature: _____ Date: _____