



Ana B. Giglio, DDS

Diplomate, American Board of Periodontics
16 East 52nd Street, Suite 1200
New York, New York 10022
(212) 486-6622 | gdental.com

Consent to Placement of Dental Implants

1. I, _____, do authorize and request Ana B. Giglio, DDS to perform the following Oral and Maxillofacial procedures on me:

And in event of unforeseen circumstances, I consent to the performance of such additional and alternative procedures as in the judgment of the above doctors may be necessary to restore and/or preserve my overall health.

2. It has been explained to me, and I understand that the success of this procedure and treatment is not guaranteed. In addition, I understand that such success cannot be guaranteed.
3. I consent to the use of local anesthesia as agreed upon by myself and the above doctor.
4. I desire to have the surgery listed above and have had explained and understand the possible complications including, but not limited to: swelling, limited jaw opening, bleeding, infection, sinus involvement, nose bleed, some tingling or numbness of the lower lip, chin, gums, or tongue, and in cases, involving the upper jaw, numbness of tissues beside the nose, that may last an indefinite period of time.

It has also been explained to me that there exists the risk of failure of the fixture, that such failure is infrequent. Furthermore, failure of a fixture does not necessarily mean the loss of prosthesis. In addition, I understand that mechanical failure of this treatment may occur as a result of mechanical fracture of the fixtures, bridges, bridge locking screws, or abutment screws. A blow to the mouth or jaw or stress concentration from the bridge could result in such mechanical failure.

5. The possible benefits to me are a high probability of relief of my denture complaints, restoration of my ability to chew food properly, and an improvement in my dental appearance.
6. I understand that the success of this procedure depends in part on my carefully following the instructions given to me by my doctor. I also understand that poor oral hygiene or lack of cooperation are possible causes for failure.
7. It has been explained to me that this surgical technique may involve two surgical phases: namely placing the fixture(s) and then after appropriate time for healing, (sometimes up to nine months) a second operation to expose them. An additional surgical procedure may be necessary if Guided Tissue Augmentation Material is utilized at the time of implant placement and becomes exposed prior to the uncovering surgery.

8. Alternative treatment methods to the surgical procedure listed above have been described to me prior to the time I executed this consent.
9. I understand that I will be given oral and written instructions for post-surgical care and appointments for monitoring of healing will be scheduled.
10. I have read the above consent form and it has been verbally explained to me by the doctor and I understand it.

Signature of patient: _____ Date: _____

Consent obtained and witnessed by: _____