

1121 Hertzog Street, Waverley, 0186

P.O. Box 32868, Totiusdal, 0134

Tel: (012) 332-2581

Fax: (012) 332-1538

reception@biodent.co.za

**INFORMED CONSENT & INFORMATION REGARDING BONE
AUGMENTATION UNDER SEDATION AND/OR PLACEMENT
OF OSSEO INTEGRATED DENTAL IMPLANT FIXTURES.**

I acknowledge the following:

1. I have received information on the implant system that will be used and the type of prosthesis envisioned with the specialist/s or dentist.
2. I have been informed of the possible risks and complications associated with the procedures. I have been informed and understand that implant surgery is a complex and intricate procedure and that the results may be unpredictable. While I am aware of the long term statistics, there are no guarantees or assurances made as to the outcome of my treatment and surgery. It has been explained to me that failures do and have occurred.
3. I understand that smoking, alcohol consumption and poor oral hygiene will compromise healing of the surgical site and may significantly alter the long-term prognosis of the Osseo integrated fixtures placed.
4. I am aware that the wearing of certain removable prosthesis is not recommended for 10 days after surgery due to pressure exerted on the site.
5. I consent to the taking of photographs of the procedure or the use of x-rays. These may be used for teaching purposes.
6. I authorize the services required for placement of the Osseo integrated implants, their exposure and restoration. I understand that conditions may change during surgery and that alternate or additional surgery may be rendered at the doctor's discretion. If necessary, the procedure will be aborted, in your best interests.
7. I acknowledge and accept that all accounts that are rendered are payable on completion of each stage of treatment.
8. I am aware that the estimate rendered does not include costs of intravenous sedation, the hospital theatre, assisting surgeon or anaesthetist, should these be necessary. I also understand that the estimate is rendered in principle and does not include unforeseen additional procedures that the specialist/s deems necessary to serve my best interests.
9. I acknowledge the time for my treatment and while every attempt will be made to keep to this, that it may change at the specialist/s discretion.
10. I have read the foregoing consent for the procedure, understand it, accept these facts as well as the provided cost estimate, and thereby authorize the doctor to perform the procedure of placement of Osseo integrated fixture.

Date

Patient's Signature

Patient's name (Please Print)

Witness

Dr PG Viljoen