



Informed consent for dental implantation

I, give my voluntary informed consent for the proposed to me medical intervention: dental implantation (name of the type of medical intervention); I hereby certify that I am informed about the upcoming treatment and I agree with the conditions of treatment indicated to me, namely the following: I am fully and reasonably informed about the purpose and essence of the surgical implantation procedure. I understand what needs to be done in order to place the implant into the bone under the gum.

I am informed that for optimal placement of the implant in the jawbone in 60-100% of cases depending on the location of the bone defect it is necessary to transplant bone tissue or filler materials. I don't object to bone harvesting from the intra-oral donor site.

I was informed of possible complications: pain, redness, swelling, temporary discoloration of the teeth and tongue, changes in gustation. Rare but possible complications are: infection of the postoperative site, subcutaneous hemorrhage, rise of the body temperature, numbness of the lip, tongue, chin, cheek or teeth. The exact duration of this condition is not predictable and may be permanent. Phlebitis, damage of the existing teeth, bone fractures, solution of continuity of the atrium (maxillary antrum), long regenerative process, allergic reactions to medications and medicines are also possible.

My doctor explained to me that there is no method that can accurately predict the healing possibilities of bones and gums in every patient after implantation. I understand that excessive smoking, consumption of alcohol and sugar can affect the regenerative process of gums and the level of success of implantation.

I provided doctor with an accurate history of my physical and mental health. I also reported about all cases of allergic or unusual reactions to medications, foods, pollen, insect bites, anesthetics, dust.

I agree to carry out X-ray studies, photographing, videotaping and other procedures associated with dental implantation under conditions of anonymity.

I have a full understanding of the fact that in the process of execution of the developed treatment plan and conducting surgical interferences, the local anatomical and physiological conditions may be different from those previously assumed, and additional or alternative treatment may be carried out at the discretion of the doctor.

I am informed that at least once every 6 months the patient needs to undergo a checkup by the dentist and at least once every three months to undergo hygiene procedures at the hygienist. I am also informed that the patient must maintain a good level of oral hygiene and give up tobacco abuse, follow the doctor's recommendations. I have been informed about the necessity of keeping proper hours during treatment, regular medication intake and immediately inform doctor about any decrease in general condition, obtain the doctor's approval for the use of any medications not prescribed (for example, for the treatment of colds, flu, headache, etc.). I was informed that non-compliance with the doctor's recommendations, the dosage regimen, uncontrolled self-medication can complicate the treatment and adversely impact the physical condition. I am aware of the fact that this medical service is categorized as high risk of complications, possible complications in the course of the treatment depend not only on medical intervention, but also on the state of my body. I understand the consequences in case of my refusal of medical intervention, including the course of the disease.

I had the opportunity to ask any questions of my interest regarding my physical condition, illness and treatment, and I received satisfactory answers. I received information about therapeutic alternatives, as well as their approximate cost. I confirm that the questionnaire proposed to me on previous diseases and complications that have occurred has been filled in by me personally and the information contained in it is reliable. I authorize (not authorize) the use of information about my disease for scientific purposes, use this information in the educational process, for publication in the scientific literature. I carefully read this Appendix and understand that the latter is a legal document and invokes legal consequences for me. This Appendix is an integral part of the medical history. I do not lay down additional conditions. I decide to perform dental implantation on the conditions proposed to me.