DR. HARRY SANGHA
get the smile you deserve.

Dr. Harry Sangha Inc. | Family & Cosmetic Dentistry | #311 - 2083 Alma Street Vancouver, BC V6R 4N6

IMPLANT SURGERY CONSENT FORM

1. I have been informed of and understand the purpose and the nature of the surgical procedure.

2. My doctor has examined my mouth. Alternatives to this treatment, if any, have been explained.

3. I have further been informed of the possible risks and complications involved with surgery, drugs, and anaesthesia. Such complications include but are not limited to pain, swelling, infection, and discolouration. Numbness of the lip, tongue, chin, cheek, or teeth may occur. The exact duration may not be determinable and may not be reversible. Inflammation of a vein, injury to teeth present, bone fractures, delayed healing, allergic reactions to drugs or medications are among other complications, which may also occasionally occur.

4. My doctor has explained that there is no absolute certain method to predict the gum and bone healing capabilities in each patient following the surgical procedure.

5. I agree to the type of anaesthesia/analgesia depending on the choice of the doctor. I agree not to operate a motor vehicle for at least 18 hours or more until fully recovered from the effects of the anaesthesia/analgesia and/or drugs used during surgery.

6. 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, anaesthetics, pollens, dust, blood, or body diseases, gum or skin reactions, abnormal bleeding, or any other conditions related to my health.

7. I request and authorize medical/dental services for myself. I fully understand that, during and following the contemplated procedure, surgery, or treatment, conditions may become apparent, which warrant, on the judgement of the doctor, additional or alternative treatment pertinent to the success of comprehensive treatment. I also approve any modification in design, materials, or care if it is felt this is in my best interest.

8. I consent to photography, filming, recording, and x-rays of the procedure to be performed for the advancement of implant dentistry, provided my identity is not revealed.

I request and authorize medical/dental services for myself, including implants and other surgery. I fully understand that during and following the contemplated procedure, surgery or treatment, conditions may become apparent, which warrant, in the judgement of the doctor, additional or alternative treatment pertinent to the success of comprehensive treatment. I also approve any modification in design, materials or care, if it is felt this is for my best interest.

Signature of Patient or Guardian

Date

Signature of Witness

phone 604 222 1299 | fax 604 222 9349 | email info@drharrysangha.com | web www.drharrysangha.com