



6, Stefan Stambolov Blvd. and 26A, Knyaz Al.Dondukov Blvd., Sofia, www.medstom.com

DECLARATION

3a

I N F O R M E D C O N S E N T

FOR THE CONDUCT OF IMPLANT TREATMENT WITH TITANIUM DENTAL IMPLANTS

The undersigned

I declare that I was informed by Dr.....

About the nature of the implant procedure. I specially declare that I understand the need for placement of titanium implants in the jaw bone in order to achieve the replacement of missing natural teeth with fixed prosthesis /or with removable complete prosthesis.

I DECLARE:

1. That I have informed my doctor about my health, and in particular I have confirmed that I do not suffer from heart disease, high or low blood pressure, breathing disorders, renal, hepatic, allergic diseases /from drugs, anesthesia, food or pollens/ and diabetes.
2. That I suffer from the following diseases and I am on the following drugs:
.....
3. That I am informed about the possible risks regarding the surgery and the possible complications such as: edema – swelling, pain after the procedure, infections, inadvertent perforation of the upper-jaw sinuses, irritation or injury to the nerve fibers of the lower jaw.
4. That I shall be aware that in rare cases there is a possibility for the loss of the implants due to periimplantitis – inflammatory infections of the tissues around the implants, which does not extend. The lost implant can be replaced after adequate cleansing and healing of the spot.
5. That I shall be informed that in the oral cavity are present multiple types of microorganisms and the antibiotic treatment serves to destroy some of them for a short period of time, while others are not affected and the risk of infection always remains.
6. The implants can fail also in case of facial injuries or undiscovered allergies from rare metals.
7. That I shall be aware that the poor oral hygiene, smoking, excessive consumption of sweets, bacterial plaque and the use of opiates /drugs/ have harmful effects on the mucous membrane and the bones and can lead to failure of the implants.
8. That I shall be informed that it is essential to follow the prescribed antibiotic and anti-inflammatory treatment, as well as to start with it the day before my surgery in order to avoid infections and minimize the complications and disturbances after the intervention. It is important that the physician is informed of any anomaly during the postoperative period, like minor bleeding, purulent discharge from the wound or pain in the spot of the surgery.
9. That I am informed about the necessity of conducting check-ups every six months at the dentist’s with the purpose of conducting X-ray and clinical monitoring of the performed by the doctor work, as well as about the necessity to inform him about every problem that arises during the years and is related to the dental implant construction.

Date.....

Patient.....

Signature

Oral surgeon

Signature