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### Authorization and Consent for Implants

I request and authorize RVSC to provide me with oral dental implants. The procedure has been fully explained to me, and I understand, that success with implants depends on the cooperation of the patient, the patient's health issues, personal habits, and on the individual body response that cannot always be predicted prior to placement of implants.

#### **Implant Risks**

I have been made aware of the following possible complications: improper occlusion, prosthetic and/or material failure, loss of permanent teeth, loss of prosthesis and/or the implant (should it develop periodontal disease, due to improper home care), loss of the implant due to systemic disease development, and wear or breakage of the implant component and/or prosthesis. Other complications may occur that cannot be predicted at this time. I understand that there may be a need to surgically remove the implant and use alternative forms of treatment.

Specific complications related to my care may include the inability to place implant due to local factors, failure of implant to integrate to jaw bone, infection, nerve irritation and/or damage.

I have been made aware that smoking will jeopardize the integration of the implant, and also the long term health of the entire restoration complex. The excessive use of tobacco products and/or alcohol may have adverse effects on the success of the implant. I understand if the implant fails for any reason above, I may require corrective surgery and/or the modification of the restoration.

Alternative treatment plans have been explained to me along with possible outcomes and risks. I understand that I am to return to RVSC at regular intervals for the purpose of examining the implant and my overall oral health, and that a reasonable fee will be charged for those visits. I hereby authorize x-rays and photographs to be taken and that they may be used for educational purposes, but my identity will not be released.

I acknowledge that no guarantee or assurances have been made to me concerning the results intended from the use of implants. I understand that my health history and personal habits have a huge impact on the overall success/failure of this procedure. I understand that I must have regular dental exams and dental check-ups for the overall success of this procedure. I also understand that temporary restorations are not permanent restorations, and that permanent restorations may possibly need repair or even re-make within 15 years. I have had the opportunity to discuss all of the above with the dentist, and I have had all my questions answered to my satisfaction. I certify that I fully understand all the matters as described above.

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(Signature)

(Date)