

**Informed Consent for Implant Removal**

The removal of an implant is a surgical procedure. As with any surgical procedure there are some risks. There are various normal complications that can occur despite all efforts to the contrary as a result of the implant removal(s) which can include but are not limited to:

- Swelling and/or bruising and discomfort in the surgical area.
- Stretching of the corners of the mouth resulting in cracking or bruising.
- Possible infection requiring additional treatment.
- Trismus, or limited jaw opening due to inflammation or swelling, most common after wisdom tooth extraction. Sometimes this is a result of jaw joint discomfort (TMJ), especially when a TMJ disorder already exists.
- Bleeding - significant bleeding is not common, but persistent oozing can be expected for several hours. Serious complications are not expected. Those which do occur are most often minor and can be treated. I also give my permission to receive supplemental membranes, bone grafts, or other types of grafts to build up the ridge of my jaw thereby assisting in placement, closure, and security of future placement of implant, which may require additional charges.

I further understand that this procedure can also be performed by an oral surgeon and prefer that this treatment be rendered in this office by Dr. Wardany. The dental care and treatment to be performed has been explained to me and I understand what is to be done and that there is no warranty or guarantee as to any result and/or cure. I may ask the attending dentist for a more complete explanation.

This is my consent for the dental implant removal surgery, anesthetics, and x-rays to be taken.

I have read and understand the above and have had all my questions answered to my satisfaction and I agree to proceed with the recommended treatment(s).

Name of Patient \_\_\_\_\_ Date \_\_\_\_\_

Signature of Patient \_\_\_\_\_ Office Initials (Witness) \_\_\_\_\_