Consent for Implant

I have been fully informed of the nature of root form implant surgery, the procedure to be utilized, the risks and benefits of implant surgery, the alternative treatments available, and the necessity for follow-up and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with Dr Fard. After thorough deliberation, I hereby consent to the performance of dental implant surgery as presented to me during consultation and in the treatment plan presented to me.

I also consent to the use of an alternative implant system or method if clinical conditions are found to be unfavorable for the use of the implant system that has been described to me. If clinical conditions prevent the placement of implants, I defer to Dr Fard’s judgment on the surgical management of that situation. I also give my permission to receive supplemental bone grafts or other types of grafts to build up the ridge of my jaw and thereby to assist in placement and security of my implants.

**I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS CONSENT FORM.**