Hume Dental Group
1 Katryn Street, Fawkner Vic 3060
03 93574477
info@hume.dental
ABN: 90 109 826 066

DENTAL IMPLANT CONSENT FORM

Patient Name: _____
Date of Birth: _____
Phone: _____

---

1. PROCEDURE

I understand that I am having a **dental implant** placed to replace a missing tooth.
This may include additional procedures such as **bone grafting, membrane placement, or healing abutments** if required.

---

2. BENEFITS

- Replaces a missing tooth
- Improves chewing and appearance
- Helps maintain jawbone and facial structure

---

3. RISKS & POSSIBLE COMPLICATIONS

I understand that risks may include:

- Pain, swelling, bruising, bleeding
- Infection
- Damage to nearby teeth or structures
- Numbness or tingling in the lip, chin, tongue, or gums (temporary or permanent)
- Sinus involvement (upper jaw)
- Implant not integrating or becoming loose
- Gum recession or aesthetic concerns
- Infection around the implant (peri-implantitis)

I understand that if the implant fails, further treatment or replacement may be required, which may involve additional costs.

Hume Dental Group
1 Katryn Street, Fawkner Vic 3060
03 93574477
info@hume.dental
ABN: 90 109 826 066

4. ALTERNATIVES

I understand that alternatives to implants include:

- No treatment
- Denture or partial denture
- Dental bridge

---

5. AFTERCARE REQUIREMENTS

I agree to follow all instructions provided by **Hume Dental Group**, including:

- Taking prescribed medication
- Keeping the area clean as directed
- Avoiding smoking/vaping
- Avoiding chewing on the area
- Attending all follow-up appointments

I understand that not following aftercare instructions may lead to implant failure.

---

6. COSTS

I understand the fees involved in implant treatment and that additional procedures (e.g., grafting, scans, membranes) may incur extra costs.

---

7. MEDICAL DISCLOSURE

I confirm that I have provided a full and accurate medical history, including medications, allergies, and health conditions.

---

8. CONSENT

I confirm that:

Hume Dental Group
1 Katryn Street, Fawkner Vic 3060
03 93574477
info@hume.dental
ABN: 90 109 826 066

- The procedure has been explained to me
- I have had the opportunity to ask questions
- I understand the risks, benefits, and alternatives
- I consent to implant treatment at **Hume Dental Group**

Patient Name: _____
Patient Signature: _____
Date: _____

Dentist Name: _____
Dentist Signature: _____
Date: _____