

Patient Name: _____

Date of Birth : _____



Consent for Dental Implants

I. Recommended Treatment

I hereby give consent to Dr. _____ to perform Dental Implant procedure(s) on me or my dependent as follows: _____

_____ (“Recommended Treatment”) and any such additional procedure(s) as may be considered necessary for my well-being based on findings made during the course of the Recommended Treatment.

The nature and purpose of the Recommended Treatment have been explained to me and no guarantee has been made or implied as to result or cure. I have been given satisfactory answers to all of my questions, and I wish to proceed with the Recommended Treatment. I also consent to the administration of local anesthesia during the performance of the Recommended Treatment.

II. Treatment Alternatives

Alternative methods of treatment have been explained to me, such as:

_____ but I wish to proceed with the Recommended Treatment described above.

III. Risks and Complications

I understand that there are risks and complications associated with the administration of medications, including anesthesia, and performance of the Recommended Treatment. These potential risks and complications, include, but are not limited to, the following:

1. Drug reactions and side effects.
2. Post-operative pain, bleeding, oozing, infection and/or bone infection. Bruising and/or swelling, delayed healing, restricted mouth opening for several days or weeks.
3. Damage to adjacent teeth or tooth restorations.
4. Possible involvement of the sinus cavity and creation of an opening from the mouth into the nasal or sinus cavity, which may require additional treatment or surgical repair at a later date.
5. Nerve injury, which may occur from the surgical procedure and/or the delivery of local anesthesia, resulting in altered or loss sensation, numbness, pain, or altered feeling in the face, cheek(s), lips, chin, teeth, gums, and/or tongue (including loss of taste). Such conditions may resolve over time, but in some cases, may be permanent.
6. Inability to place the implant due to the local anatomy or implant failure.

Bergedent Esthetic Dentistry and Implantology Clinic

Atakoy Clinic : Ataköy 7-8-9-10 Karanfil st. No 7/25, B9/25, 34158 Bakirkoy/Istanbul

Vadistanbul Clinic : Ayazağa Kemerburgaz Av. Vadistanbul Park 7-B 5/1, 34485

Phone Number: +90 (212) 560 81 71

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7. Discoloration and appearance changes of the gum tissue or unsatisfactory cosmetic result.
8. Bone loss around the implant(s) and/or adjacent teeth, which may result in loss of implant and/or adjacent teeth and which may necessitate bone grafting
9. Jaw fracture.
10. As a result of the injection or use of anesthesia, at times there may be swelling, jaw muscle tenderness or even resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues, which is typically temporary, but in rare instances, may be permanent.
11. Ceramics, Zirconiums and veneers have 5 years warranty, if any problem occurs, the patient has to pay the flight tickets, no charge for the rest. All implants have life long factory warranty, so if any problem occurs, the patient doesnt need to pay for the implant material again, but has to pay the operation price
12. After treatments, little chippings and cracks might occur on the ceramics and zirconiums depending on the patient and grinding etc. In these situations patient has to visit us again to be taken care of for free.
13. Temporaries are plastics, and if the patient doesnt take care, it can brake, so the patient has to wait till the permanent teeth are prepared
14. Prices are for cash payments, Bank transfers and credit card payments have 10% extra charge
15. In 1 visit treatments payment has to be done at the first visit and at the first appointment
16. In 2 visit treatments pateint has to pay 2/3 of the total price at the first visit and 1/3 at the second visit
17. Prices are equal for all the patients around the world, it can be converted to euro or usd

Signature: _____

Date: _____

Patient/Parent/Guardian _____

Relationship (if patient a minor): _____

Witness (signature): _____

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