

Research Parkway Dental, Professional LLC

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9. I have been advised that the excessive use of tobacco, alcohol or sugar may effect gum healing and may limit the success of the implant. Because there is no way to accurately predict gum and bone healing capabilities of each patient, I agree to follow my doctor's home care instructions and to report to my doctor for regular examinations, professional dental cleaning and maintenance as instructed.

10. I agree not to operate a motor vehicle or hazardous device for at least 12 hours or more until fully recovered from the effects of the anesthesia or drugs given for my care as selected by my doctor.

11. To my knowledge, I have given an accurate report of my physical, dental and mental health history. If I am currently in treatment for any health problems, I certify that I have discussed the proposed implant procedure with my health care provider and have received his/her consent to undergo this implant procedure.

12. I certify that I have read, have had explained to me, and fully understand the foregoing consent to implant surgery, drug and anesthetic procedures, and that it is my intention to have the foregoing carried out as stated. I have been advised that information concerning the longevity of the particular implant to be used may not be available. However, I have discussed this as well as the nature of the implant product to be used and I consent to the procedure knowing its risks and limitations.

I have read the above conditions of treatment and agree to the content.

Signature: _____

Date:

Parent (or guardian) if patient is a minor:

Signature: _____

Date:

Response Date: