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**IMPLANT/ GRAFTING CONSENT**

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

I consent for Dr. Hopkins to perform the following elective surgical procedure:

- Installation of \_\_\_ dental implant(s) in approximate position(s) \_\_\_\_\_

**Purpose of implant surgery is to establish a foundation to:**

- 1) replace missing teeth or
- 2) stabilize a denture.

**Alternatives to this procedure have been explained to me including:**

1. No treatment
2. Fixed partial denture (bridge)
3. Removable partial denture

**There are risks associated with choosing treatment.**

**Risks include but are not limited to:.**

Discomfort, swelling, bleeding, bruising, infection
Stretching of the corners of the mouth with cracking and bruising
Failure of the implant to integrate (treatment failure)
Failure to meet expectations of treatment, including esthetic failure.
Specific to the Upper Jaw – sinus or nasal perforation
Lower jaw –damage to the mandibular nerve.
- temporary and possibly permanent loss of feeling the lip and chin

Dr. Hopkins has recommended my current condition and recommendation for treatment that includes grafting (donor bone, soft tissue or blood product concentrates) in order to increase prognosis for successful treatment.

**In addition to the risks above for implant therapy**

**I understand that grafting itself involves specific risks.**

Failure of the graft to generate sufficient bone and that re-grafting may be necessary
Failure to meet expectations of treatment, including esthetic failure.
Rejection of the graft or allergic reaction to graft materials.
Loss of bone particles from the graft site for some time following surgery.
Chance of disease transmission from the processed allograft bone/ soft tissue.
Bruising of the arm from blood draw site (PRP and PRF treatment)
Burning sensation tingling, burning, bleeding and pain from the tissue donor site (tissue graft)

I have fully disclosed my medical health history with Dr. Hopkins. I agree to cooperate with Dr. Hopkins recommendations while I am under his care and I realize that poor cooperation could result in a less than optimal result.

I HAVE HAD AN OPPORTUNITY TO READ AND I UNDERSTAND THE WORDING OF THIS CONSENT FORM AND I WILFULLY AGREE TO ITS CONTENT.

\_\_\_\_\_  
 Patient Doctor Date