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DENTAL IMPLANT CONSENT FORM

"MINI IMPLANTS"

I _____, have been informed and understand that transitional or "mini implants" are available to certain dental patients. These mini implants are small diameter (1.8mm) titanium alloy dental implant screws that are placed in a patients jaw to provide immediate and ongoing stabilization of teeth. I am aware that these implants are being placed for the immediate and ongoing stabilization of my dental prosthesis and the long term function cannot be predicted. I wish to undergo this procedure as a patient of Dr. Timothy Mangelsdorf. I have requested Dr. Mangelsdorf to place one or more mini dental implants into my jaw.

I have also been fully informed by Dr. Mangelsdorf that the purpose of this dental implant procedure is to provide support for my lower jaw and to enhance the function, and I hereby consent to the surgical insertion of mini dental implants in my jaw by Dr. Mangelsdorf. I understand that in the event that the mini dental implants implanted by Dr. Mangelsdorf fail they will be removed through a subsequent surgical procedure. I further understand that it is possible that one or more of the implants may fracture during insertion, or during the implants life cycle, and in the event that such a fracture occurs, I give Dr Timothy Mangelsdorf permission to leave the fracture in my jaw or to remove it under professional conditions and using professional judgment. It has also been explained to me that once the mini implants are inserted or implanted, a recommended dental treatment plan, including a program of personal oral hygiene must be strictly followed by me and completed on schedule. I have been informed that if this schedule and plan are not carried out, the implants may fail.

I am further aware that the surgical procedure includes the insertion of the mini dental implants into the jaw, and possibly the construction of a prosthetic device. I am aware that I must return for appropriate post operative care and evaluation on a timely basis which will include evaluation of oral hygiene and plaque removal.

I also understand that function and comfort will be primary goals of this dental procedure but that success rates of each patient vary. With that in mind, no guarantees of success have been given to me by Dr. Mangelsdorf or any member of this staff. He has also informed me that use of tobacco, including cigarette smoking, as well as excessive alcohol consumption can cause failure of dental implants.

I have further been advised that swelling, infection, bleeding, and or pain may be associated with any surgical procedure, including the one recommended to me by Dr. Mangelsdorf, and said conditions may occur during the life of the implants. I have also been advised that temporary or permanent numbness may occur in my tongue, lips, chin,

gum or jaw. Dr Mangelsdorf has discussed the possibility of alternate procedures for my individual needs and has offered to answer any of my questions concerning those procedures.

Having been fully informed of the above, I hereby knowingly consent to the recommended surgical procedures outlined to me by Dr. Mangelsdorf and request him to place one or more transitional or mini dental implants in my jaw for the purpose of dental reconstruction and function enhancement.

I further state that I have carefully read this surgical consent form and understand its contents.

PATIENTS SIGNATURE OR GUARDIAN

DATE

PRINTED NAME

DATE

CERTIFIED BY CLINICIAN

I, Dr. Timothy Mangelsdorf, certify that I have explained to the above patient the ramifications of the use of transitional or mini dental implants to the best of my ability. I further certify that in my opinion, the above patient is fully informed of the risk and possible benefits of the particular surgical procedure agreed to.

DOCTORS SIGNATURE

DATE

WITNESS SIGNATURE

DATE