



NOSE

CREEK

DENTAL

CENTRE

Date Procedure Completed \_\_\_\_\_

## Consent to Dental Implant Surgery Tooth \_\_\_\_\_

I, \_\_\_\_\_ hereby request and authorize my Doctor and such assistants as he/she may designate to perform dental implant surgery for me, and to do any other procedure that in his judgment may be necessary during the operation.

The effect and nature of the implantation to be performed, the risks involved, as well as possible alternative methods of treatment have been fully explained to me. I have tried or considered these methods, but I desire an implant or implants to help secure the replacements for missing teeth.

I consent to the administration of local anaesthetics and sedative drugs that Dr. Gaur may deem advisable in my case. I agree not to operate a motor vehicle or hazardous device for at least 24 hours or move until fully recovered from the effects of the sedation given for my care, if I have been given a sedative drug.

I also understand that smoking or drinking alcoholic beverages may add to tissue breakdown, affect gum healing and may limit the success of the implant. I agree to report for regular examinations as instructed and to report any occurrence that concerns me.

I further give my consent to the taking of video or still pictures during and following the completion of treatment. I understand that the photographs may be used in dental publications, and dental seminars for scientific and educational purposes and to document the progress of my case. I have been assured that my identity will not be revealed.

I have further been informed of the possible risks and complications involved with surgery, drugs and anaesthetics. Such complications include, but are not limited to bleeding, discomfort, swelling, infection, and discoloration or bruising. Numbness of the lip, chin, cheek, gums or teeth may occur when implants are placed in the back part of the lower jaw. The exact duration of such numbness may not be determinable. In most cases it is temporary but in rare cases can be permanent. Also possible are injury to teeth present, bone fracture, sinus penetration, delayed healing, infection, allergic reactions to drugs or medications used, etc.

My doctor has explained that there is no method to accurately predict the gum and bone healing capabilities in each patient following the placement of implants.

It has been explained that in some instances implants fail and must be removed, I have been informed and understand that the practice of dentistry is not an exact science; no guarantees or assurance as to the outcome or results of treatment or surgery can be made.

#1, 409 – 1 Avenue  
Airdrie, AB T4B 3E2  
**(403)948-6684**



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To my knowledge, I have given an accurate report of my physical and mental health history. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites or anaesthetics. I have reported any blood or body diseases, gum or skin reactions, abnormal bleeding or blood thinners, and other conditions related to my health.

I acknowledge that I have had every opportunity to ask any questions that I wish to have answered, and I am well informed regarding my dental implant treatment.

Since the longevity of the implant and its success are dependent on bone health, we recommend regular hygiene visits at our office. Dental cleanings help maintain good gum health and therefore preserve the underlying bone that supports the implant(s).

Have you ever taken bone density medication? Y/N

If yes:

For how long? \_\_\_\_\_

Has it been more than five years since you have taken bone density Medication Y/N

Warranty for this implant will be void if yearly exams and cleaning by a licensed hygienist are not done. \_\_\_  
Initial

I further acknowledge that I have received a copy of this consent.

DATED at the City of Airdrie this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Name of Patient

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**Supplement Programme  
Dr. Monty Gaur, D.M.D.**

Begin the supplements marked (\*) two weeks before your scheduled surgical appointment.

**\*Vitamin C 1000 mg tablets (i.e.: Redoxon 1000mg effervescent tablets)**

Take one tablet three times a day following a meal. If you notice stomach upset, diarrhea or other symptoms immediately begin to decrease dosage until you are comfortable. Try to achieve body tolerance level for your surgical appointment and remain there for two weeks following, then begin to decrease to a minimum of 1000mg daily.

**\*Vitamin E 400IU with Selenium 50 mcg.**

Take one tablet a day following a meal. Vitamin E is a fat soluble vitamin so some fat content is required in your meal to transport the vitamin into the blood.

**\*Multi-vitamin (i.e.: Centrum Forte)**

Take one tablet a day following a meal. There are some fat soluble vitamins present in a multi-vitamin so some fat content is required in your meal to transport the vitamins into the blood.

**\*Beta Carotene 10,000 IU**

Take one table a day following a meal. Beta Carotene is converted to Vitamin A by your body when it is required.

**Zinc 20 mg**

Begin one week before your surgical appointment - take one tablet daily. Continue taking for two or three weeks following your appointment then discontinue.

**Pen V 300mg (antibiotic - Rx given)**

Take one tablet the evening before your appointment then take one tablet four times a day until gone. Do not get up at night to take.

**Motrin 600 mg (analgesic/anti-inflammatory - Rx given)**

Begin the day before your appointment with one tablet every six hours and continue taking one tablet every six hours for two more days. On the third day following surgery take one tablet every six hours only as needed for discomfort. Be sure to take this medication with food and not on an empty stomach.

**Decadron 0.5 mg (anti-inflammatory - Rx given)**

Begin the morning of your surgical appointment with one tablet four times a day. The next day take one tablet three times a day - next day one tablet twice a day and the final day one tablet only.

**Chlorhexidine Mouth Rinse (Rx given)**

Rinse mouth four times a day with chlorhexidine rinse for two or three weeks after surgery.

If you have any questions or concerns remember we are only a phone call away!

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