



Dr. Eugene Kryshalskyj, D.D.S., M.Sc., F.R.C.D. (C)
Periodontist

JANE-BLOOR CENTRE
SUITE 201-2 JANE STREET
TORONTO, ONTARIO M6S 4W3
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IMPLANT CONSENT

Re _____ Area _____

I _____, hereby request and authorize Dr. Eugene Kryshalskyj to provide me with oral implants.

The procedure has been fully explained to me, and I understand, that success with implants depends on the cooperation of the patient, and on the individual body response that cannot be accurately determined prior to the placement of implants.

I have been made aware of the following possible complications: improper occlusion, prosthetic and/or material failure, loss of permanent teeth, loss of prosthesis and/or the implant should dental disease develop due to improper home care, loss of implant and/or the prosthesis. Other complications may occur that cannot be predicted at this time. Should any complications occur, I understand that there may be a need to surgically remove the implant and the use of the alternative forms of treatment.

Specific complications related to my care may include: _____

I have been made aware that smoking and excessive use of alcohol and sugar will have an adverse effect on my body's response, and may therefore affect the success of the implant, as will my cooperation in performing prescribed home care.

I understand that should the implant fail for any of many reasons, I may require corrective surgery, associated with removal of the implant, and the use of alternative forms of treatment to restore the space.

Alternative treatment plans have been fully explained to me with the possible outcomes and risks. These alternatives included: _____

I am aware that the practice of dentistry and dental surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the success of my implant surgery and the associated treatment and procedures.

If an unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated, I further authorize and direct Dr. E. Kryshalskyj to do whatever he deems necessary and advisable under the circumstances, including the decision not to proceed with the implant procedure. In this case a preparation surgical of \$_____ will be charged. In some cases this fee may be applied to concomitant treatments, e.g. ridge augmentation.

I understand that I am to return to the dental office at regular intervals for the purpose of examining the status of the implant and my oral health, and that a reasonable fee will be charged for each visit. I hereby authorize the taking of photographs of my mouth and implants during the course of treatment, and that they may be used for educational purposes, with the understanding that reasonable efforts will be made to hide my identity.



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I agree to the quoted fees for implant surgery, and to the payments schedule outlined by Dr. E. Kryshhtalskyj and/or his staff. I understand that this quote fee includes the fee for surgical placement and uncovering of the implant(s), placement of temporary healing abutments and associated anesthesia, **but is exclusive of any later placement of abutments, prosthetic dental treatment, consultations or x-rays necessary for diagnosis or treatment follow-up.**

I have been given this form to be taken home on _____ for review.

I have had the opportunity to discuss all of the above on _____ with Dr. Eugene Kryshhtalskyj, and have had all my questions answered.

I certify that I fully understand all matters described in this **AUTHORIZATION AND CONSENT FOR IMPLANTS.**

Dr. E. Kryshhtalskyj Date Patient Date

Witness Date Witness Date

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