

## Written informed consent

### Dental Implant Removal surgery

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for the minor oral surgery involving the removal of dental implant in relation to the tooth numbered ----and I have been explained the procedure in detail including injection of local anaesthesia, surgical incision, drilling of jaw bone, and closure with sutures at the end of the procedure. Post-operative sequel like pain and swelling for few days has been explained.

Replacement of the missing tooth region after implant removal with dental bridge/ fixed partial denture /removable partial denture been discussed.

I have been explained in detail the likely hood of inferior alveolar nerve injury and paresthesia of the lower lip post-operatively in the case of lower jaw surgery.

I have been explained in detail the likely hood of injury to the maxillary sinus and chances of bleeding through the nose, post-operatively in the case of upper jaw surgery.

I hereby agree to undergo the above said minor surgery and agree to follow-up with the doctor as per his/her advice.

Date:

signature of the patient:

Time:

signature of the patient attendant:

Signature of the Doctor with seal: