JARED E WILLIAMS
DDS

"Mobile General Dentist
Providing Surgical and Implant Services"

Consent to *All on 4* Procedure(s)

I authorize Dr. Williams to construct a dental prosthesis for the use with my surgical implant(s) as indicated by the diagnostic studies and evaluations already performed.

I have discussed with Dr. Williams the risks associated with the surgical implant(s) and have consented to that procedure.

Alternatives to implant surgery and implant prosthesis have been explained to me including their risks. I have tried or considered these alternative treatment methods and their risks, but I desire implant(s) and implant prosthesis to secure and / or replace my teeth.

I acknowledge that no guarantees have been made to me concerning to the success of my implant prosthesis and the associated treatment and procedures.

As with any dental prosthesis, there are possible complications of which I am aware. These include, but not limited to the following: the initial placement of the implant(s) may not be stable enough to have immediate fixed prosthesis placed and may necessitate a waiting period before the final fixed prosthesis can be placed, the presenting condition may result in compromised prosthesis or compromised occlusion allergic reaction to metals; loss of prosthesis and/or implant if dental disease develops due to improper home care or other reasons; loss of the implant(s) and prosthesis. The development of any of these aforementioned risks may result in the need for surgical removal or the implant and the use of alternative forms of treatment.

I have been advised that the use of tobacco, alcohol, and or sugar may affect the implant and the prosthesis and may limit the success of treatment. I agree that I will follow my dentist's instructions for home care, oral hygiene and agree to follow my dentist's instructions for professional dental cleaning, follow-up care and treatment once the prosthesis has been placed.

I have provided as accurate and complete a medical history as possible, including antibiotics, drugs, or other medications I am currently taking as well as those to which I am allergic. I will follow any and all treatment and post-treatment instructions explained and directed to me and will permit the recommended diagnostic procedures, including x-rays.

I have discussed my treatment with the dentist and have been given an opportunity to ask questions and have them fully answered.

I understand that my treatment plan is all-inclusive and must be completed in a timely manner.

Acknowledgement:

I have read and understand the above and give the doctor my informed consent to provide treatment.

Signature of Patient Date

Signature of Doctor Date

Signature of Witness Date

P: 713-489.8338 **E**: Info@Jaredwdds.com **W**: Jaredwdds.com