

Dr. Edward H. Segal has informed me, _____, that the purpose of this dental sinus lift procedure is to provide support for future placement of implant(s), and I consent to the surgical grafting of my sinus.

I understand that the surgical procedure is for the actual placement of a bone graft under the membrane of the sinus. A waiting period is required while the bone heals at the graft site. A second procedure will be required to place the implant(s).

I understand that in the event the sinus lift fails it could be attempted again at a second surgical procedure. I understand that there will be no refund of the fees in the event of failure. It has also been explained to me that once the implant(s) is/are inserted, the entire dental treatment plan, including my personal oral hygiene, must be followed and completed on schedule. If this schedule is not carried out, the implants may fail. I understand that Dr. Segal is responsible for the surgical insertion of the implant. I understand that my General Dentist will make and attach the prosthetic device. I also understand and agree that I must return for appropriate post-operative care and evaluation as outlined by Dr. Segal.

In addition, I understand that I must return for follow-up at least twice per year for evaluation of oral hygiene and plaque control. A fee will be charged for this service. I further understand that the doctor, his staff, and/or the manufacturer of such dental implants have given no guarantees and that the cosmetic results achieved cannot be guaranteed since it is a function of the circumstances of each case. I also understand that swelling, infection, bleeding, and/or pain may be associated with any surgical procedure or during the life of the implant. This surgery may result in bleeding, infection, and/or pain that may require additional treatment. The doctor has discussed the risks and benefits of this procedure, other possible alternative treatments and offered to answer any of my questions concerning this procedure.

I hereby consent to and request Dr. Edward H. Segal to perform a sinus lift in my mouth for the purpose of dental reconstruction.

Date

Signature

I have explained to _____ the risks, benefits, and implications involved in the use of dental implants. He acknowledges that I, my staff, and/or the manufacturers/distributors of the implant system have made no guarantees concerning the results of the procedures.

Date

Signature