



Aspen Springs Dental
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SMOKING & IMPLANTS INFORMATION

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 prosthesis.

I am aware that the implant surgery or the prosthesis may fail, which may require corrective surgery, additional bone grafting or the removal of the prosthesis or the implant with possible surgery associated with the implant removal.

I have been advised that the use of tobacco may affect the implant and/or the prosthesis and cause the implant treatment to fail. My dentist recommends that action to stop smoking be taken before implant treatment is started to allow for more successful implant treatment. I am aware that if I choose not to quit smoking and proceed with implant treatment, I am taking responsibility and will be charged for any additional treatments, additional surgery resulting from the failure of the implant or implant prosthesis.

I am aware of my personal responsibility in my home care and habits that will affect the success/or failure of the implant and/or implant prosthesis.

I understand the risks and limitations of my procedures.

Patient Signature: _____

Doctor Signature: _____

Witness Signature: _____

Date: _____