

## **Dental Implant Consultation Form**

Welcome to Spring Haven Dental and thank you for putting your trust in our practice! We are very excited to share our knowledge and passion for implant dentistry with the community and appreciate you taking the time to see if dental implants can benefit your oral health.

As a part of your **complimentary implant consultation**, we will:

- Discuss the latest treatment options in implant dentistry
- Review your medical and dental history
- Capture diagnostic photographs, x-rays, and impressions.
- If determined a candidate for dental implant treatment: create a personalized implant treatment plan explaining every step in detail and showing total fee for proposed treatment start to finish

Digitizing your three dimensional information allow us to simulate implant surgery and precisely measure if there is adequate bone volume for optimal tooth replacement. To capture such accurate data, CBCT scans give off radiation greater than traditional 2-dimensional x-rays. At Spring Haven Dental, we always attempt to expose the lowest amount of radiation, and reserve the right to only recommend the CBCT scan for those patients deemed potential candidates for dental implant treatment. We realize the powerful diagnostic information captured from CBCT (\$425 value) and are happy to share that knowledge with patients during this consultation - *complimentary for in office use only*.

## **Consent for CBCT**

Yes, I understand the above discussion and would like to evalu generate my implant treatment plan including the complimentary C	-
No, at this time I am not certain about pursuing dental implant point in time to have CBCT. No problem! We can discuss treatm revisit once you have gained more knowledge!	
CBCT x-rays have diagnostic qualities outside of just determining provide would like a dental radiologist to interpret your full CBCT to evaluate we are happy to send your scan for a full interpretation and provide \$205 fee.	ate anatomy and screen for pathology
No thank you. I waive radiology report at this time and would implant evaluation. (You can always request an interpretation later)	· • • • • • • • • • • • • • • • • • • •
Yes, I am ready to pay the \$205 fee today for the dental radiological entire enti	ogist report
If you have any questions, please do not hesitate to ask one of our eanswered the questions above please sign and submit this form so v	•
Patient/Responsible Party Signature Date	
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