# Dental Implant Consultation Form

Patient Name: _____
Date: _____

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 evaluate the most accurate data to help generate my implant treatment plan including the complimentary CBCT scan (D0367).

___ No, at this time I am not certain about pursuing dental implant treatment and am not ready at this point in time to have CBCT. **No problem! We can discuss treatment options, review photos and revisit once you have gained more knowledge!**

CBCT x-rays have diagnostic qualities outside of just determining potential implant candidates. If you would like a dental radiologist to interpret your full CBCT to evaluate anatomy and screen for pathology, we are happy to send your scan for a full interpretation and provide a copy of your radiologist report for a $250 fee.

___ No thank you. I waive radiology report at this time and would just like the complimentary CBCT for implant evaluation. (You can always request an interpretation later)

___ Yes, I am ready to pay the $250 fee today for the dental radiologist report

If you have any questions, please do not hesitate to ask one of our expert team members! Once you have answered the questions above please sign and submit this form so we can begin!

_____ _____
Patient/Responsible Party Signature Date

_____ _____
Witness Signature Doctor Signature