

**IMPLANT DISCLAIMER:**

Smoking, alcohols and/or recreational drugs may affect gum healing and limit success of implants. Any implants that fail will be charged the full fee for replacement.

\_\_\_\_\_  
Signature of Patient, Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date