

Lakeshore West Dental

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IMPLANT SMOKERS CONSENT

Patient Name: _____

Any medical or dental surgical procedure carries an element of risk for complication and/or failure. Risk factors can vary greatly from patient to patient. Smoking has been document in the literature to delay wound healing and therefore increases the risks of complications and failure. I acknowledge that I am a smoker. This may increase my risk of failure and post operative complications including but not limited to pain, swelling and infection. No labor warranty applies to implant procedures performed on patients who have smoked within the last 2 months prior to treatment. Full fees apply in case of need for retreatment or corrective treatment.

Signature of Doctor

Signature of Patient

Signature of Witness

DATE