

substance. Breathing in or swallowing of the impression material is extremely rare.

ALTERNATIVES TO THE TREATMENT:

If the density, height, and width of the jaw bone is sufficient, implant-supported complete dentures or implant-supported bridges may be a feasible alternative to complete dentures. If treatment is not pursued, patients may expect altered facial appearance and impaired chewing function.

I hereby authorize Dr. Bruno Paliani to perform the aforementioned procedure(s) necessary to my dental treatment, and any additional treatment procedures as are considered immediately necessary on the basis of findings during the above mentioned treatment.

I have had the purpose, benefits, reasonable risks and alternatives, if any, to the procedure(s) explained to me. I have carefully read and understood all available explanatory material. I have been given the opportunity to ask questions.

I consent to the administration of such local anaesthesia and/or medication as is required for the aforementioned dental treatment.

I consent to the taking of photographs throughout the entire treatment procedure. Should these photographs be deemed by Dr. Bruno Paliani to benefit dental research, science, or education, I consent to their publication and republication, either separately or together, in professional journals or dental books or used for any other purpose which Dr. Bruno Paliani may deem proper in the interest of dental education, knowledge or research.

The dental fees of the procedure have been outlined clearly and I agree to comply with the office's payment policy.

PROFESSIONAL FEE	_____
LAB FEE (approx.)	_____
TOTAL FEE (approx.)	_____

Dated at London, Ontario, this _____ day of _____

SIGNED: _____
PATIENT

WITNESS: SIGNED: _____
Parent, Guardian or Nearest Kin if patient
is under the age of 18