A logo for a company

Description automatically generated **Alcohol Use Informed Consent Form**

**Patient's Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Introduction**  
This consent form is designed to ensure that you fully understand the specific risks, benefits, and potential complications associated with dental implant or bone graft surgery, particularly as they relate to alcohol use (beer, wine, spirits, and mixed drinks, etc…). It is important that you read this form carefully, ask any questions you may have, and acknowledge your full understanding and acceptance of these risks.

**1. Risks Specific to Alcohol Use**  
The use of alcohol places you at a higher risk of experiencing complications during and after dental implant surgery. These risks include, but are not limited to:

 **Delayed Healing** – Alcohol suppresses fibroblast function and collagen synthesis, critical for tissue repair.

 **Bone Metabolism Interference** –alcohol consumption may reduce bone growth (osteoblastic) activity, which is necessary for implant integration.

 **Increased Peri-Implantitis Risk** – Alcohol leads to dry mouth and higher bacterial accumulation, contributing to implant complications.

 **Altered Blood Clotting** – Alcohol can thin the blood, increasing post-operative bleeding and hindering clot formation.

**2. Alternatives to Dental Implants**  
Given the increased risks associated with alcohol, alternative treatment options have been discussed with you, including:

* No Treatment (not recommended)
* Removable (partial) dentures
* Fixed bridges
* Delaying the implant procedure until after alcohol use cessation

**3. Importance of Alcohol Cessation**  
Refraining from consuming alcohol before and after your implant surgery significantly improves your chances of a successful outcome. Even one (1) alcoholic beverage may lead to complications with the implant process. At a minimum, you must refrain from alcohol use until your incision line is completely healed which usually occurs 2 – 3 weeks post-surgery).

**Alcohol Use Informed Consent Form (cont.)**

**4. Acknowledgment of Understanding**  
By signing this form, you acknowledge that:

* I have been informed of the specific risks that alcohol poses to the success of dental implant surgery.
* I understand that any alcohol use may lead to implant or bone graft failure, additional surgical intervention, and increased costs.
* I have had the opportunity to ask questions about the procedure, the risks, benefits, and alternative treatments, and all your questions have been answered to your satisfaction.
* I understand that despite the best efforts of the dental team, complications related to alcohol use may still occur, and there is no guarantee of a successful outcome.

**5. Patient Responsibilities**

* **Preoperative:** You agree to follow preoperative instructions, including no alcohol use, taking prescribed medications, and attending all scheduled appointments.
* **Postoperative:** You commit to adhering to all postoperative care instructions, including refraining from alcohol use, maintaining oral hygiene, and attending follow-up visits.
* **Disclosure:** You must inform the dentist of any changes in your health, medication use, or alcohol use habits.

**6. Financial Considerations**

* Costs of Additional Treatments: If complications arise due to the use of alcohol, additional treatments or surgeries may be necessary. These treatments may incur additional costs, which will be your responsibility.

**7. Consent to Proceed:** I acknowledge that I understand the risks, benefits, and alternatives, and I accept the potential outcomes associated with my alcohol use habit.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_