

Date: _____

Re: _____ DOB: _____

I, _____, take full responsibility for my surgery and implant/grafting outcomes if I choose to continue to smoke against medical advice provided by Dr Jaclyn Wong during my consultation.

I understand that smoking can have the following detrimental effects on my surgery, grafting and implant outcomes:

1. Delayed healing rates associated with infection, pain
2. Early and late failure of any grafting procedure performed including increased risk of infection, failure of integration of graft material due to lack of adequate blood supply to grafted site due to smoking
3. Early and late failure of any implants placed, including increased risk of infection, failure of integration of implants due to bone loss related to smoking

I understand and take full responsibility for the above risks and understand that I may require further surgical treatment including management of infection or dry socket, removal of failed implants/graft material, need for further grafting/implant surgery or acceptance of alternative treatment options to rehabilitate the relevant sites and that this will incur further costs which will be quoted, including potential cost for additional hospital and anaesthetic fees.

I, _____, understand the above information and consent to proceeding with the proposed surgical treatment plan as outlined in my treatment plan letter.

I understand that Dr Wong may need to perform future surgical procedures as explained above and understand the risks and costs involved. I take full responsibility for any actions or behaviours that may jeopardise my future outcomes and will not hold Dr Jaclyn Wong or Smile Solutions® legally responsible for these actions.

Signed: _____

Dated: _____

Witnessed: _____

Date: _____