

**Dr. Vincent D. Greco**

Comprehensive  
Implant, Surgical  
& Restorative  
Solutions

**CONSENT FORM FOR IMPLANT AND ORAL SURGERY -  
SMOKERS**

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 documented in the literature to delay wound healing and therefore increase 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.

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Signature of Doctor

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Signature of Patient

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Signature of Witness

\_\_\_\_\_  
Date