

INFORMED CONSENT FOR POST AND CORE BUILD-UPS

TOOTH NUMBERS _____

I _____ (print name) UNDERSTAND THAT THE TREATMENT OF DENTAL CONDITIONS REQUIRING POSTS AND/CORE BUILD-UPS, INCLUDES CERTAIN RISKS AND POSSIBLE UNSUCCESSFUL RESULTS, WITH EVEN THE POSSIBILITY OF FAILURE. I AGREE TO ASSUME THOSE RISKS AND POSSIBLE UNSUCCESSFUL RESULTS AND/OR FAILURE ASSOCIATED WITH, BUT NOT LIMITED TO THE FOLLOWING: (EVEN THOUGH CARE AND DILLIGENCE IS EXERCISED IN THE TREATMENT OF CONDITIONS REQUIRING POST AND CORE BUILD-UPS AND FABRICATION OF SAME, THERE ARE NO POMISES OR GUARANTEES OF ANTICIPATED RESULTS OR THE LONGEVITY OF THE TREATMENT).

The purpose and necessity for the placing posts and/or retention pins in teeth occurs when there is so little natural tooth structure remaining that with the usual dental treatment procedures it would not be possible to preserve the tooth in either a vital or non-vital state. It then becomes necessary to place either pins or posts into the remaining tooth structure to form a substructure onto which a large filling or crown may be placed to restore and preserve the tooth. This type of treatment may help avoid extracting the remaining tooth structure with its roots and possible avert artificial replacement.

1. **Crown or Root Fracture**-At times, particularly when a tooth has been endodontically treated the remaining Tooth or root structure may have become brittle due to undermined or reduced tooth structure. When Inserting posts necessary for retention of a crown, fracturing or splitting may occur, this in most cases necessitates the extraction of the tooth, making replacement with a bridge or implant necessary.
2. **Perforation**-When posts are inserted, there is the possibility of perforating a root of the tooth. Should this Occur, it may be necessary to extract the tooth making replacement necessary.
3. **Numbness**-There is the possibility of injury tot the nerves of the face or tissues of the oral cavity during Treatment procedures which may cause a numbness of the lips, tongue, tissues of the mouth, and/or facial tissues. This numbness is usually temporary, but rarely may be permanent.
4. **Loosen or breakage**-There may be the possibility of the pins or posts to become loose or even break causing the restoration to dislodge. This occurrence could be the result of chewing excessively hard materials, changes in biting forces, traumatic blows to the mouth, etc. The dislodging of the restoration may have appeared to occur when chewing something soft, or for no apparent reason, whereas the loosening or breaking of the post actually took place earlier for the above reasons.
5. **Tenderness, Soreness or Sensitivity**-These are all possibilities when teeth are required to be treated with posts. Should any of the symptoms persist, it is necessary to contact this office for an examination.
6. **I acknowledge that it is my responsibility to see attention should any undue problems occur after treatment. I agree to diligently follow any preoperative and post operative instructions given to me.**

The nature and purpose of post and core treatment has been explained to me, and I have had an opportunity to have my questions answered. I understand that dentistry is not an exact science and success with treatment cannot be guaranteed. In view of the above information, I authorize Dr. Thompson and/or such associates and assistants as necessary to render any treatment necessary and/or advisable to my dental condition including any and all anesthetics and/or medications. I have provided as accurate and complete a medical and personal history as possible, including medical history and medical conditions, antibiotics, drugs, or other medications I am currently taking as well as those to which I am allergic. I will follow any and all treatment and post treatment instructions as explained and directed to me.

Patient's Signature _____ Date _____

Doctor's Signature _____ Date _____

Witness' Signature _____ Date _____