

Informed Consent For Crown and Bridge

Tooth Number(S) _____

I, _____ (print name) understand that the treatment of dental conditions requiring crowns and/or fixed bridgework includes certain risks and possible unsuccessful results, with even the possibility of failure. I agree to assume those risks, possible unsuccessful results and/or failure associated with, but not limited to the following: (even though care and diligence is exercised in the treatment of conditions requiring crown and bridgework and fabrication of same, there are no promises or guarantees of anticipated results or the longevity of treatment).

REDUCTION OF TOOTH STRUCTURE: In order to replace decayed or otherwise traumatized teeth, it is necessary to modify the existing tooth or teeth so that crown and/or bridges may be placed upon them. Tooth preparation will be done as conservatively as practical. In preparation of the teeth anesthetics are usually needed. At times there may be swelling, jaw muscle tenderness or even resilient numbness of the tongue, lips teeth, jaws and/or facial tissues which is usually temporary, or rarely permanent.

SENSITIVITY OF TEETH: Often, after the preparation of teeth for the reception of either crowns or bridges, the teeth may exhibit sensitivity. It may be mild to sever. This sensitivity may last for much longer periods. If it is persistent, notify us inasmuch as this sensitivity may be from some other source.

CROWNED OR BRIDGE ABUTMENT TEETH MAY REQUIRE FURHTER TREATMENT: Teeth after being crowned may develop a condition known as pulpitis or pulpal degeneration. The tooth or teeth may have been traumatized from an accident, deep decay extensive preparation, or other causes. It is often necessary to do root canal treatment on these teeth. If teeth remain too sensitive for long periods of time following crowning, root canal treatment may be necessary. Infrequently, the tooth/teeth may abscess or otherwise not deal which may require root canal treatment or even extraction.

BREAKAGE: Crowns and bridges may possibly chip or break. Many factors could contribute to this situation as chewing excessively hard materials, changes in biting forces, traumatic blows to the mouth, etc. Unobservable cracks may develop in crowns from these causes, but the crowns/bridges may not actually break until chewing soft foods or possibly for no apparent reason. Breakage or chipping seldom occurs due to defective materials or construction unless it occurs soon after placement.

UNCOMFORATBEL OR STRANGE FEELING: This may occur because the differences between natural teeth and the artificial replacements.. Most patients usually become accustomed to this feeling in time. In limited situations, muscle soreness or tenderness of the jaw joints (TMJ) may persist for persist for indeterminable periods of time following placement of the prosthesis.

ESTHETIC OR APPERANCE: Patients will be given the opportunity to observe the appearance of crowns and bridges in place prior to final cementation. When satisfactory, this fact will be acknowledged in the patient's records.

LONGEVITY OF CROWNS AND BRIDGES: There are many variables that determine "how long" crowns and bridges can be expected to last. Among these are some of the factors mentioned in preceding paragraphs. Additionally, general health, good oral hygiene, regular dental check-ups, diet, etc. can affect longevity. Because of this, no guarantee can be made or assumed to be made.

IT IS THE RESONSIBILITY TO SEEK ATTENTION FROM THE DENTIST SHOULD ANY UNDUE OR UNEXPECTED PROBLEMS OCCUR. THE PATIENT MUST DILIGENTLY FOLLOW ANY AND ALL INSTRUCTIONS, INCLUDING THE

SCHEDULING AND ATTENDING AL APPOINTMENTS. FAILURE TO KEEP THE CEMENTATION APPOINTMENT CAN RESULT IN ULTIMATE FAILURE OF THE CROWN/BRIDGE TO FIT PROPERLY AND AN ADDITIONAL FEE MAY BE ASSESSED.

The nature and purpose of crown and bridge 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 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 _____