



Consent for: Crown and Bridge Prosthetics

- 1) The following informed consent form for restorative treatment for the condition(s) described as either: **caries, recurrent caries, previous root canal, large restoration, or fracture.**
- 2) The procedure(s) necessary to treat the condition(s) have been explained to me, and I understand the nature of the procedure(s) to be either: **build-up and crown prep or a crown prep**
- 3) The prognosis for this(these) procedure(s) was described as either: **excellent, good, fair, questionable or poor**
- 4) I have been informed of possible alternative methods of treatment including:
 - A. No treatment at all
 - B. Inlay or onlay (gold or porcelain)
 - C. Implant
 - D. Partial Denture
 - E. Extraction
 - F. _____
- 5) I consent to the administration of local anesthesia in connection with the procedure(s) referred above, if necessary. I understand that administration of local anesthesia involves risks including pain, paralysis, injury and rarely, even death.
- 6) Complications with local anesthesia although rare can include swelling, bruising, pain, infection, nerve damage, and unexpected allergic reaction, which could lead to a heart attack, stroke, brain damage and/or death.
- 7) **I UNDERSTAND** that 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, possibly 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 crowns and bridgework and fabrication of same, there is no promises or guarantees of anticipated or the longevity of the treatment).
 - A. **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 crowns (caps) and/or bridges may be placed upon them. Tooth preparation will be done as conservatively as practical. In preparation of teeth, anesthetics are usually needed. At times there may be swelling, jaw muscle tenderness or even a resultant numbness of the tongue, lips, teeth, jaws, and/or facial tissues which is usually temporary, or, rarely, permanent.
 - B. **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 severe. This sensitivity may last only for a short period of time or may last for much longer periods. If it is persistent, notify us in as much as this sensitivity may be from some other source.
 - C. **Crowned or bridge abutment teeth may require root canal 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 treatments 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 heal which may require root canal treatment, root surgery, or possible extraction.



- D. **Breakage:** Crowns and bridges may possibly chip or break. Many factors contribute to this situation such 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 crown/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.
- E. **Uncomfortable or strange feelings:** This may occur because of 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 persists for indeterminable periods of time following placement of the prosthesis.
- F. **Esthetics or appearance:** Patients will be given the opportunity to observe the appearance of crowns and bridges prior to final cementation. When satisfactory, this fact is acknowledged by an entry into the patient’s chart signed by the patient.
- G. **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 mentions in preceding paragraphs. Additionally, general health, good oral hygiene, regular dental checkups, diet, etc., can affect longevity. Because of this, no guarantees can be made or assume to be made.
- H. **It is the patient’s responsibility 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 all 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.**

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of crown and or/bridge treatment and have received answers to my satisfaction. I do voluntarily assume any and all possible risk including, but not limited to, those listed above, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired potential results, which may or may not be achieved. No promises of guarantees have been made to me concerning the results. The fee(s) for this service have been explained to me and are satisfactory. By signing this document, I am freely giving my consent to allow and authorize Dr. Lee and/or his/her associates or agents to render any treatment necessary and/or advisable to my dental condition, including the administration and/or prescribing of any medications and /or anesthetics deemed necessary to my treatment.

Patient’s Name (please print): _____

Patient’s (or legal guardian’s) Signature: _____

Date/Time _____

Doctor’s Signature: _____ **Date/Time** _____

Witness’s Signature: _____ **Date/Time** _____