

INFORMED CONSENT CROWN AND BRIDGE

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.

By signing this informed consent, 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 crowns and bridgework and fabrication of same, there are no promises or guarantees of anticipated results or the longevity of treatment.)

1. **Reduction of tooth structure:** In order to place 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 possible.

2. **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 our office.

3. **Crowned or bridge abutment teeth may subsequently require root canal treatment:** There is the possibility that after being crowned, the teeth may develop a condition known as pulpsitis or pulpal degeneration. Usually, this cannot be predetermined. The tooth or teeth may have been traumatized from an accident, deep decay, extensive preparation, or other causes. In this case, it is often necessary to do root canal treatments in these teeth. Should teeth remain appreciably sensitive for a long period of time following crowning, it may be necessary to attempt root canal treatment to them. Infrequently, the tooth (teeth) may abscess or otherwise not heal completely. In this event, periapical surgery or extraction may be necessary.

4. **Breakage:** Crowns and bridges are subject to the possibility of chipping or breakage. There are many factors that may contribute to this possibility, including mastication of excessively hard materials, changes in the occlusal forces exerted, traumatic blows to the mouth, etc. Many times unobservable cracks may develop in crowns from the aforementioned causes, but may actually break when chewing soft foods, or possibly for no evident reason. Seldom does breakage or chipping occur due to defective construction or materials. If this may be the reason, the breakage should occur soon after placement.

5. **Uncomfortable or strange feeling:** This may occur because of the differences between natural teeth and the artificial replacements. Normally, a patient will become accustomed to this feeling over time.

6. **Esthetics or appearance:** Patients will be given the opportunity to observe the appearance of crowns or bridges in their mouths prior to final cementation. If satisfactory, this satisfaction will be acknowledged by an entry into the patient's chart to be signed by the patient.

7. **Longevity of crowns and bridges:** There are many variables that determine the longevity of crowns and bridges. Among these are some of the factors mentioned in preceding paragraphs. In addition, general health, maintenance of good oral hygiene, regular dental checkups, diet, and more can affect longevity. Because of this, no guarantees can be made or assumed.

8. **Patient acknowledges:** It is a patient's responsibility to seek attention should any undue or unexpected problems occur and also to diligently follow any instructions, including the scheduling and attending of all appointments.

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 have been given the option of seeking endodontic therapy with a specialist. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered to me.

The fee(s) and insurance contribution for this service have been explained to me and are satisfactory.

By signing this form, I am freely giving my consent to allow and authorize Dr.

_____ to render any treatment necessary and/or advisable to my dental conditions, including any and all anesthetics and/or medications.

Patient's name (please print): _____

Signature of patient or legal guardian: _____

Date: _____