



Crown Dental Studio

INFORMED CONSENT FOR CROWN AND BRIDGE PROSTHETICS

I **UNDERSTAND** that treatment of dental conditions requiring **CROWNS** and/or **FIXED BRIDGEWORK** includes certain risks and possible unsuccessful results, including the possibility of failure. 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 the treatment. Nevertheless, I agree to assume the risks, possible unsuccessful results and/or failure associated with, but not limited to the following:

1. **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 possible

2. **Injury**

During the reduction of tooth structure or adjustments done to temporary restorations, it is possible for the tongue, cheek or other oral tissues to be inadvertently abraded or lacerated (cut). In some cases, sutures or additional treatment may be required.

3. **Local Anaesthesia**

In order to reduce tooth structure without causing undue pain during the procedure, it will be necessary to administer local anaesthetic. Such administration may cause reactions or side effects which include, but are not limited to, bruising, hematoma, cardiac stimulation, temporary or, rarely permanent numbness of the tongue, lips, teeth, jaws and/or facial tissues, and muscle soreness.

4. **Sensitivity of teeth**

Often, after the preparation of teeth for the reception of either crowns or bridges, the teeth may exhibit sensitivity, which can range from mild to severe. This sensitivity may last only for a short period of time or may last for much longer periods. If sensitivity is persistent, this office should be notified immediately such that all possible causes of the sensitivity may be ascertained.

5. **Following crown preparation and placement for either individual teeth or bridge abutments, the involved tooth or teeth may require root canal treatment**

Teeth, after being crowned, may develop a condition known as pulpitis 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. It is often necessary to do root canal treatments in these teeth, particularly if teeth remain appreciably sensitive for a long period of time following crowning. Infrequently, the tooth (teeth) may



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abscess or otherwise not heal completely. In this event, periapical surgery or even extraction may be necessary.

6. **Breakage**

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

7. **Uncomfortable or strange feeling**

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 may persist for indeterminable periods of time following placement of the crown or bridgework.

8. **Aesthetics 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 fact will be acknowledged by the patient's signature (or signature of legal guardian)

9. **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. In addition, general health, good oral hygiene, regular dental check-ups, diet, etc., can affect longevity. Because of this, no guarantees can be made or assumed to be made concerning how long crown and bridgework will last.

10. **Opening the Bite**

In some cases, years of wear on the teeth will create a situation where the patient overcloses or loses length of the face. A full mouth reconstruction where all existing teeth are crowned will enable the dentist to reopen the bite to the proper length. As a result the patient may experience some temporary discomfort and the crowns will be more subject to wear and breakage. If a nightguard is recommended or made but not worn by the patient, there will be an increased risk of breakage or fracture of the porcelain.



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I UNDERSTAND THAT TREATMENT OF DENTAL CONDITIONS REQUIRING CROWNS AND/OR FIXED BRIDGEWORK INCLUDES CERTAIN RISKS AND POSSIBLE UNSUCCESSFUL RESULTS, INCLUDING THE POSSIBILITY OF FAILURE. 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 THE TREATMENT. I CONFIRM THAT CROWN DENTAL STUDIO OR ANY OF ITS AFFILIATES SHALL NOT BE HELD LIABLE FOR ANY UNSUCCESSFUL RESULTS.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

I HEREBY CONSENT AND AGREE TO RECEIVE THE FOLLOWING ALTERNATE TREATMENTS IN THE EVENT OF THE DESIRED RESULTS NOT BEING ACHIEVED:

1. _____

2. _____

3. _____

4. _____

5. _____



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PATIENT PARTICULARS:

FULL LEGAL NAME: _____

IDENTITY NUMBER: _____

ADDRESS: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

Accepted and Signed at _____ on this ____ day of _____ 20____

in the presence of the undersigned witnesses

PATIENT NAME:

IDENTITY NUMBER:

CONTACT NUMBER:

EMAIL ADDRESS:

Witnesses:

1. _____

NAME:

CONTACT NUMBER:

2. _____

NAME:

CONTACT NUMBER: