

CROWN AND BRIDGE CONSENT

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, possible unsuccessful results and/or failure associated with, but not limited to the following: (Even though care is exercised in the treatment there are no promises or guarantees of anticipated results or the longevity of the treatment).

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. Tooth preparation will be done as conservatively as possible. In preparation of teeth, injections are usually needed.
2. **Sensitivity of teeth:** Often, after the preparation of teeth for the crowns/ bridges, the teeth may be sensitive. It may be mild or severe. This sensitivity may last only for a short period or long periods. If you develop persistent toothache then root canal treatment may be necessary.
3. **Breakage:** Crowns and bridges may possibly chip or break. Many factors could 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 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.
4. **Uncomfortable or strange feeling:** This may occur because of the differences between natural teeth and the artificial replacements. Most patients get use to this feeling over time.
5. **Esthetics or appearance:** You can look at the appearance of the crown before cementation and discuss with the dentist prior to placement.



6. **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 guarantees can be made to the longevity of the treatment.

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 voluntarily assume any and all possible risks including those as listed above. No guarantees or promises have been made to me concerning the results. By signing this document, I am freely giving my consent to allow and authorize the Dentist and his associates to provide any treatment necessary and/ or advisable to my dental conditions including the prescribing and administering of any medications and/ or anesthetics deemed necessary to my treatment.

_____	_____	_____
Patient's name (please print)	Signature of patient, legal guardian or authorized representative	Date
_____	_____	_____
Tooth No. (s)	Dentist	Date

