

Informed consent for Crown and Bridge Prosthetics

Name: _____ Procedure: _____

I understand that treatment of dental conditions requiring Crowns and/or Fixed Bridge Work 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 conditions requiring crowns and bridgework and fabrication of same, there are no promises of guarantees of anticipated results or the longevity of the treatment).

1. **Reduction of tooth structure:** 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 resulting numbness of the tongue, lips, teeth, jaws and/or facial tissues which is usually temporary, or very rarely permanent.
2. **Crowned or bridge abutment teeth may require root canal treatment.** Teeth, after being crowned, may develop a condition known as pulpitis or pulpal degeneration. Infrequently, the tooth (teeth) may abscess or otherwise not heal which may require root canal treatment, root surgery, or possibly extraction.
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, or normal chewing function, etc.
4. **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 – general health, good oral hygiene, regular dental checkups and diet can all affect longevity. Because of this no guarantees can be made or assumed to be made.
5. **It is a 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.
6. **Regular recall & hygiene** therapy needs to be done at TuscanY Dental Centre.

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 listed above and 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 the results. The fee(s) for service have been explained to me and are satisfactory. By signing this document, I am freely giving my consent to allow and authorize my Dentist to render 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.

Signature of Patient_____
Date_____
Signature of Dentist_____
Date