



INFORMED CONSENT FOR 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. I agree to assume those risks, possible unsuccessful results and/or failure associated, 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 the same, there are no promises or guarantees of anticipated results or the longevity of the treatment).

For any crown and bridge restoration please understand:

- 1. Any restoration may be sensitive to temperature or to chewing. This may be very transient or may increase, necessitating endodontic (root canal) therapy. We insulate and try in every way to protect the pulp, but the patient must fully understand and accept the risk of reversible or irreversible pulp damage.
- 2. During preparation of the tooth, additional decay or fracture may be noted. There may be an exposure of the pulp necessitating endodontic (root canal) therapy. While every effort is made to accurately diagnose pathology, some pathology may escape detection until preparation. This may alter the fee and treatment plan.
- 3. No dental restoration is considered permanent or fracture proof. The life expectancy of any dental restoration depends heavily upon proper patient care: excellent brushing, flossing, fluoride, and regular doctor/hygienist exams. No promises can be given for the useful life of any dental restoration.

- 4. Crowns and bridges may chip or break. Many factors can contribute to this situation, including chewing excessively hard materials, heavy biting forces, traumatic blows to the mouth, etc. Undetectable cracks may develop in crowns from these causes, but the crowns/bridges themselves may not actually break until sometime later. Breakage or chipping because of defective materials or construction is somewhat uncommon. If it does occur, it usually occurs soon after placement.
- 5. The desired aesthetic outcome may not be fully achieved. Our best efforts and materials may sometimes fall short of a patient's expectations. This is especially true when trying to match only one front tooth to the remaining teeth. For optimal aesthetic results, multiple restorations may be considered. While we always offer our best, we cannot guarantee 100% aesthetic satisfaction. Once a crown or veneer is seated, only minor changes can be effected. The shade cannot be altered after seating.
- 6. The shape or contour of the new restoration may alter some speech sounds. This is almost always transient but in some cases may prove permanent.
- 7. Porcelain will wear the opposing tooth enamel more rapidly.
- 8. If the crown is prepared to fit an existing removable partial denture, the fit of the partial may be compromised.
- 9. Though the purpose of a crown is to protect a tooth from fracture, the tooth may still fracture due to an undetected pre-existing fracture, from heavy biting forces or a traumatic incident.

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 possibly risks including those as listed above and including 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 Doctor 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 Dental Specialist _____ Date _____