

High Barnet Dental Care

Consent for Crown/Fixed Bridge/Onlays

Patient Name:

Date of Birth:

Date:

REDUCTION OF THE TOOTH STRUCTURE

In order to replace decayed or otherwise traumatised 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 practical. In preparation of teeth, anaesthetics are usually needed. At times there may be swelling, jaw muscle tenderness or even a resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues which is usually temporary, or very rarely, permanent.

SENSITIVITY OF TEETH

Often, after the preparation of teeth or 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 us inasmuch as this sensitivity may be from some other source.

CROWNED/ONLAYED OR BRIDGE ABUTMENT TEETH MAY REQUIRE ROOT CANAL TREATMENT

Teeth, after being treated, may develop a condition known as pulpitis. The tooth or teeth may have been traumatised from an accident, deep decay, extensive preparation, or other causes. It is sometimes necessary to do root canal treatments in these teeth. If teeth remain too sensitive for long periods of time following crowning, root canal treatment may be necessary. Infrequently, the tooth (teeth) may abscess or otherwise not heal which may require root canal treatment, root surgery, or possibly extraction. There will be additional fees associated with these treatments.

BREAKAGE

Crowns/Onlays 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/onlays/bridges may not actually break until chewing soft foods or possibly for no apparent reason. Breakage or chipping seldom occurs due to defective materials or construction unless it occurs soon after placement.

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 (TMJ) may persist for indeterminate periods of time following placement of the prosthesis.

ESTHETICS OR APPEARANCE

Patients will be given the opportunity to observe the appearance of crowns or bridges in place prior to final cementation.

LONGEVITY OF CROWNS/ONLAYS 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 checkups, diet, etc. can affect longevity. Because of this, no guarantees can be made or assumed to be made

As a patient it is your responsibility to consult the dentist if you have any problem. The patient must diligently follow any and all instructions, including the scheduling and attending all appointments. If you don’t attend the cementation appointment the crown/onlay/bridge may not fit properly and an additional fee may be assessed.

INFORMED CONSENT

I have been given the opportunity to ask any questions regarding the nature and purpose of crown/onlay 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 Dentist to render any treatment necessary and/or advisable to my dental conditions.

I, the undersigned, understand that treatment of dental conditions requiring CROWNS/ONLAYS 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 above:

Patient’s SignatureDate.....