



## INFORMED CONSENT FOR CROWN AND BRIDGE PROSTHETICS

This is my consent for the dentist to start the process of making the recommended Crown/ Bridge prosthetic as previously explained to me, or other procedures deemed necessary or advisable to complete the planned procedure.

**Tooth Number(s):** \_\_\_\_\_

**Location:** \_\_\_\_\_

### **Purpose:**

**Crown:** Treatment of teeth with a crown involves restoring damaged areas of the tooth above and below the gum line and then placement of a temporary crown. Once the temporary crown has been placed it is essential to return to have the permanent crown placed as the temporary crown is not intended to function as the permanent crown. Failing to replace the temporary (interim) crown could lead to decay, gum diseases, infections, problems with the bite and loss of the tooth.

Restoration of a tooth with a crown require two phases: 1) preparation of the tooth, making an impression or mold (which is used for fabrication of the final crown), sending that mold to a dental lab, then construction and cementation of a temporary (interim) crown. 2) removal of the temporary (interim) crown, adjustment, and cementation of the permanent crown after aesthetics and function have verified and accepted.

**Bridges:** A Bridge is an appliance (Prosthesis) usually composed of a metal or ceramic framework, artificial teeth and acrylic, ceramic, or metal materials. It fills in the spaces created by missing teeth and restricts other teeth from shifting. A bridge is a fixed cemented appliance (prosthesis) that allows one or more missing teeth to be replaced with an artificial tooth. Two or more teeth will undergo modification (removing tooth structure) for the placement of crowns serving as abutments or “anchors” for the bridge.

### **Benefits of Bridge (s) and Crown (s), Not Limited to the Following:**

1. To achieve a reasonable aesthetic appearance
2. To establish an occlusal or “chewing” surface with opposing teeth. It may serve to reduce or restrict the drifting or movement of opposing teeth caused by a missing tooth.
3. To strengthen and restore a tooth damaged by decay, fracture, or previous fillings (restorations). It also serves to protect a tooth that had root canal treatment one and improve the way your other teeth fit together.

4. To improve the appearance of damaged, discolored, misshapen, misaligned or poorly spaced teeth.

## **Risks of Bridge (s) and Crown (s), Not Limited to the Following:**

### **1. Reduction of Tooth structure:**

To replace decayed or otherwise traumatized teeth, it is necessary to modify the existing tooth or teeth so that the crown and/or bridge may be placed upon them. Tooth preparation will be done as conservatively as possible, but I understand that normally at least some of my existing tooth structure will be removed.

### **2. Numbness following use of anesthesia:**

In preparation of teeth for crowns or bridges, anesthetics are usually needed. As a result of the use of anesthesia, at times there may be swelling, jaw muscle tenderness or even resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues that is usually temporary, in rare instances, such numbness may be permanent.

### **3. Sensitivity of Teeth:**

Often, after the preparation of the teeth for the reception of either crowns or bridges, the teeth may exhibit mild to moderate sensitivity. This sensitivity may last only for a short period of time or for a much longer period.

### **4. Crown or Bridge abutment teeth may require Root Canal Treatment:**

Preparing a tooth for a crown or as an abutment for a bridge may further irritate the nerve tissue (called the pulp) in the center of the tooth, leaving my tooth feeling sensitive to heat, cold or pressure. Such sensitive teeth may require additional treatment including endodontic or root canal treatment.

### **5. Breakage:**

Crowns and Bridges may possibly chip or break. Many factors can contribute to this situation, including chewing excessively hard materials, change in biting forces, traumatic blows to the mouth etc. undetectably cracks may develop in crowns from these causes, but the crowns/bridges themselves may not actually break until sometime later.

### **6. Uncomfortable or strange feeling:**

Crowns and bridges are artificial and therefore feel different from natural teeth. Most patients become accustomed to this feeling over time. In limited situations, muscle soreness or tenderness of the temporomandibular joint (TMJ) may persist for indeterminable periods of time, following placement of the prosthesis.

### **7. Longevity of Crowns and Bridges:**

Many variables determine how long crowns and bridges can be expected to last. Among these are some of the factors mentioned in the preceding paragraphs, including the general health of the patient, oral hygiene, regular dental checkups, and diet. As a result, no guarantees can be made or assumed to be made regarding the longevity of the crowns or bridges.

## **Alternatives to Bridge (s) or Crown (s):**

**No Treatment:** I understand that if no treatment is performed, I may experience symptoms that may increase in severity and could lead to decay, gum diseases, infections, problems with my bite and loss of the tooth/teeth.

**Tooth Extraction:** I understand alternatives may exist including the replacement of the missing tooth/teeth with implants or removable types of restorations if I choose to get this Tooth removed. I have

asked my dentist about them and their respective expenses. My questions have been answered to my satisfaction regarding all the procedures and their risks, benefits, and costs.

**Informed consent**

I have been given the opportunity to ask any questions regarding the nature and purpose of crowns and/ or bridge and have received answers to my satisfaction. I voluntarily accept all risks, including those listed above, which may be associated with any phase of this treatment, in hopes of obtaining the desired results, which may or may not be achieved. By signing this document, I am freely giving my consent to allow and authorize Dr. \_\_\_\_\_ to render any treatment necessary and/or advisable to my dental needs, including the prescribing and administering of any medications and/or anesthetics deemed necessary to my treatment.

\_\_\_\_\_ RETENTION OF DOCUMENTS RELATING TO YOUR CARE AND AGREEMENT. By signing  
*(Initial)* this, you understand and agree that it is our policy to scan original documents and store documents in an electronic form. Further, you agree that any agreement bearing scanned signature, which is printed from the electronic form, has the same force and effect as the original document.

Patient's Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness's Name: \_\_\_\_\_ Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_