

Date:

Patient:

Date of Birth:

The purpose of this document is to provide essential information about Ceramic onlays, associated risks, benefits, and available alternatives, thereby allowing you to make an informed decision about your treatment.

Nature of the Procedure

Ceramic onlays are recommended when tooth damage or decay is too extensive for a standard filling but not severe enough to require a crown (cap).

Ceramic onlays are middle ground between fillings and crowns. They have high survival rate, offer strength, durability, and natural appearance while conserving as much of the healthy tooth as possible.

Procedure Description:

The procedure typically involves the following steps:

- Preparation of the affected tooth by removing decayed or damaged tooth structure while preserving as much healthy tooth as possible.
- Digital scanning or making impressions of the tooth for a precise fit.
- Milling the onlay using CAD/CAM software if fabricated the same day or placement of a temporary restoration if sent to lab.
- Fitting, adjusting, and cementing/bonding the onlay upon completion.

Associated Risks:

- Temporary sensitivity or discomfort in the treated area.
- Root Canal Therapy may become necessary after initial preparation or after completion.
- Tooth or root fracture especially if the remaining tooth is compromised.
- Secondary caries (decay around or under the onlay).
- Possible (very rare) allergic reactions to materials used.
- Possible reaction to anesthetics.
- Failure or dislodgment of the restoration necessitating further treatment.
- Nerve damage or alterations in bite alignment.

Benefits:

- Restoration of function and aesthetics while preserving as much healthy tooth structure.
- Improvement in oral health and hygiene.
- Enhanced self-esteem and confidence.
- Durability and longevity of the treated teeth.

Alternatives:

- Composite (Resin) fillings.
- Gold/Metal onlay.
- Crowns (caps).
- Electing to forego treatment can result in further decay and damage requiring more extensive treatment, pain, infection, tooth loss, functional issues like bite problems or shifting of teeth, or periodontal (gum) problems.

Research shows a strong link between poor oral health and systemic disease.

Patient Responsibility:

- Follow all post-operative instructions.
- Maintain good oral hygiene.
- Continue regular checkups and maintenance.
- Avoid sticky or hard foods like ice or hard candy.
- Contact our office immediately if there are any problems.

☐ I understand that during the course of treatment, unforeseen conditions may arise and may necessitate further procedures and / or deviation from the initial treatment plan, therefore I consent to the performance of additional procedures that Dr. _____ consider necessary to complete the treatment plan for my benefit.

☐ I understand that due to the nature of any dental treatment, there are no guarantees/warranties.

☐ All of my questions have been answered to my satisfaction.

☐ I understand my financial obligations, and that I am responsible for all fees regardless of insurance coverage, unless prior arrangements have been made.

I confirm that I have read and understand the above. I hereby consent to the proposed treatment plan.

Patient/Legal Guardian Name: _____

Patient/Legal Guardian Signature: _____

Doctor Name: _____

Doctor Signature: _____

Interpreter (if needed): _____

Witness: _____

Dentist Certification:

I certify that I have explained the above proposed treatment including risks, benefits, alternative treatment options, as well as the consequences of no treatment. I have answered all the patient's questions to her/his satisfaction and believe that the patient fully understands what I have explained.

Dentist: _____

Date: _____

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