

Date:

Patient:

Date of Birth:

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

Nature of the Procedure

Dental crowns (Caps) and bridges are restorative procedures intended to repair damaged or missing teeth. A crown is utilized to cover and protect a compromised tooth, while a bridge is fabricated to replace one or more missing teeth by anchoring to adjacent teeth.

Procedure Description:

The procedure typically involves the following steps:

- Preparation of the affected tooth or teeth by reducing the size and reshaping them to accommodate the crown or bridge.
- Scanning or making impressions of the teeth for a precise fit.
- Placement of a temporary crown or bridge while the permanent restoration is being fabricated.
- Fitting, adjusting, and cementing the final crown or bridge upon completion.

Associated Risks:

As with any procedure, there are inherent risks involved.

- Temporary sensitivity or discomfort in the treated area.
- Root Canal Therapy may become necessary after initial preparation or after completion.
- Risk of infection or inflammation.
- Possible allergic reactions to materials used.
- Possible reaction to anesthetics.
- Failure of the crown or bridge necessitating further treatment.
- Nerve damage or alterations in bite alignment.

Benefits:

The benefits of dental crowns and bridges include:

- Restoration of function and aesthetics of damaged or missing teeth.
- Improvement in oral health and hygiene.
- Enhanced self-esteem and confidence.
- Durability and longevity of the treated teeth.

Alternatives:

Alternatives to dental crowns and bridges may encompass:

- Dental implants.
- Partial or full dentures.
- 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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