



Consent for Crown

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Patient First Name:	Patient Last Name:	Date of Birth:	Tooth No.(s):	Shade Selection:	Type of Crown:
_____	_____	_____	_____	_____	_____

The purpose of this document is to provide written information regarding the risks, benefits and alternatives of the procedures named above. This material serves as a supplement to the discussion you have with the doctor. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask the doctor prior to signing the consent form.

THE PROCEDURE

I understand that the treatment of dental conditions requiring a crown includes certain risks and possible unsuccessful results, including the possibility of failure. Even though care and diligence is exercised in the treatment of such conditions, there are no promises or guarantees of anticipated results or the longevity of the treatment. Reduction of Tooth Structure: In order to replace decayed or otherwise traumatized teeth it is necessary to modify the existing tooth or teeth so that crowns (caps) may be placed upon them. Tooth preparation will be done as conservatively as possible. Injury: During the reduction of tooth structure or adjustments done to temporary restorations, it is possible for the tongue, cheek or other oral tissues to be inadvertently abraded or lacerated (cut). In some cases, sutures or additional treatment may be required. Local Anesthesia: In order to reduce tooth structure without causing undue pain during the procedure, it will be necessary to administer local anesthetic. Such administration may cause reactions or side effects which include, but are not limited to, bruising, hematoma, cardiac stimulation, temporary or, rarely permanent numbness of the tongue, lips, teeth, jaws, and/or facial tissues and muscle soreness. Sensitivity of Teeth: Often, after the preparation of teeth for the reception of a crown, the teeth may exhibit sensitivity, which can range from mild to severe. This sensitivity may last only for a short period of time or may last for much longer periods. If sensitivity is persistent, this office should be notified immediately so that all possible causes of the sensitivity may be ascertained. Post Treatment Risks: Teeth, after being crowned, may develop a condition known as pulpitis or pulpal degeneration. Usually this cannot be predetermined. The tooth or teeth may have been traumatized from an accident, deep decay, extensive preparation, or other causes. It is often necessary to do root canal treatments in these teeth, particularly if teeth remain sensitive for a long period of time following crowning. Infrequently, the tooth (teeth) may abscess or otherwise not heal completely. In this event, periapical surgery or even extraction may be necessary. Breakage: Crowns may possibly chip or break. Many factors can contribute to this situation such as chewing excessively hard materials, changes in biting forces exerted, traumatic blows to the mouth, etc. Unobservable cracks may develop in crowns from these causes, but crowns may not actually break until chewing soft foods, or 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 indeterminable periods of time following the placement of the crown or work. Esthetics or Appearance: Patients will be given the opportunity to observe the appearance of the crown(s) in their mouth prior to final cementation. If satisfactory, this fact will be acknowledged by the patients signature on the cementation consent. Longevity of Crowns: There are many variables that determine "how long" crowns can be expected to last. Among these are some of the factors mentioned in preceding paragraphs. In addition, 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 concerning how long the crown will last. Opening the Bite: In some cases, years of wear on the teeth will create a situation where the patient over closes or loses length of the face. A full mouth reconstruction where all existing teeth are crowned will enable the doctor to reopen the bite to the proper length. As a result the patient may experience some temporary discomfort and the crowns will be more subject to wear and breakage. If a night guard is recommended or made but not worn by the patient, there will be an increased risk of breakage or fracture of the porcelain.

I understand it is my responsibility as the patient to seek attention from the doctor should any undue or unexpected problems occur. I must diligently follow any and all instructions, including the scheduling and attending all appointments. Failure to keep the cementation appointment can result in ultimate failure of the crown to fit properly and an additional fee may be assessed.

CONSENT

I have been given the opportunity to ask any questions regarding the nature and purpose of needing a crown have received answers to my satisfaction. I voluntarily assume any and all possible risks, 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 this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize the doctor and/or his associates to render treatment pertaining to crown and prosthetics considered necessary and/or advisable to my dental conditions, including the prescribing and administering of any medications and/or anesthetics deemed necessary for my treatment.

Signature of Patient, Parent, Guardian or Personal Representative:	Name of Patient, Parent, Guardian or Personal Representative Relationship to Patient:
_____	_____

Sign