

Consent for Crown and Bridge

Patient's Name: _____ Date _____

Dental crowns are restorations that cover or cap teeth, restoring them to their natural size, shape, and color. A crown not only helps with appearance, but can strengthen a tooth as well. A fixed (non-removable) bridge is designed to replace teeth that have been lost. Missing teeth may need to be replaced for appearance, or to prevent or correct bite and gum problems related to shifting or stressed teeth.

Dental crowns and bridges are made of porcelain, and may or may not have an inner layer of metal, while some are made of metal alone. Dr. _____ has explained to me the risks and benefits of the above procedure(s) and I understand the other options available to me.

As with all procedures, there are certain potential problems associated with crowns and bridges. These include, but are not limited to:

- The potential need for root canal therapy: The need for root canal therapy may become apparent during a crown preparation, or after a crown is made.
- Dark lines at the gum line may appear on crowns or fixed bridges lined with metal. This is the metal edge of the crown. If the gum recedes after placement, this metal will show. Sometimes this can be corrected, other times a new crown or bridge might be recommended.
- Food impaction may occur under a bridge- this may be an unavoidable condition. Meticulous home care is required.

Crowns should usually be completed within a reasonable time frame (one month). Failure to keep appointments (resulting in wearing the temporary crown for longer) can lead to gum disease, tooth loss, or a need to redo the crown at additional cost.

I further understand that I may be wearing temporary crowns for several weeks, which may come off and I must be careful to ensure that they are kept on until the permanent crowns are delivered. I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth.

I realize the final opportunity to make changes in my new crown (cap), or bridge, including shape, fit, size, and color will be before permanent cementation. After permanently cementing crowns and/or bridges, NO changes can be made.

I understand that like natural teeth, crowns and bridges need to be kept clean with proper oral hygiene and periodic professional cleanings, otherwise decay may develop underneath and/or around the margins of the restoration, leading to further dental treatment and possible replacement of the crown(s) and/or bridge.

All replacements due to decay will be the patient's responsibility, however, any breakage, cracks and

fractures in the crown or bridge will be replaced at no charge to the patient for a period of up to two years after the initial

placement of the crown(s) or bridge. With similar conditions, after two years and until five years, work will be replaced at half the current fee.

In this office all of the doctors place additional efforts to insure the longevity and quality of crowns and bridges. We want you to be happy with the treatment you receive here enough that you refer your family and friends.

I authorize Dr. _____ perform the procedure. I know that I am free to withdraw from treatment at any time.

Patient/Guardian Name (Please Print)

Patient/Guardian Signature

Date

Witness Signature

Dentist Signature

Date