



## Chestermere Smiles Dental

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Tooth#

### **CROWN AND BRIDGE PROSTHETICS INFORMATIONAL INFORMED CONSENT**

I UNDERSTAND that treatment of dental conditions requiring CROWNS and/or FIXED BRIDGEWORK includes certain risks and possible unsuccessful results, including the possibility of failure. Even though care and diligence is exercised in the treatment of conditions requiring crowns and bridgework and fabrication of same, there are no promises or guarantees of anticipated results or the longevity of the treatment. Nevertheless, I agree to assume the risks, possible unsuccessful results and/or failure associated with, but not limited to the following:

**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) and/or bridges 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 either crowns or bridges, 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 such that all possible causes of the sensitivity may be ascertained.

**Crowned or bridge abutment teeth may require root canal treatment subsequently:** 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 appreciably 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 and bridges 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/bridges 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. The lab warranties their work for 5 years from the original date of fabrication.

**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 indeterminate periods of time following placement of the crown or bridgework. You may need to come back to the office for some minor adjustments more than once.

**Esthetics or appearance:** Patients will be given the opportunity to observe the appearance of crowns or bridges in their mouths prior to final cementation. If satisfactory, this fact will be acknowledged by the patient's signature (or signature of legal guardian) a crown and bridge shade and shape approval form.

**Longevity of crowns and bridges:** There are many variables that determine "how long" crowns and bridges 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 crown and bridgework will last. Because crowns and bridges are statistically more reliable over a longer period of time than fillings, in the case of access restricted patients, consideration will be given to choosing a crown or bridge more often than a repair or filling involving the interproximal areas.

It is the patient's responsibility to seek attention from the dentist should any undue or unexpected problems occur. The patient 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/bridge to fit properly and an additional fee may be assessed.

I acknowledge that the nature of my condition and the essence of the proposed health care procedure, together with any alternative method of treatment or non-treatment, have been thoroughly explained to my satisfaction including the chance of substantial risk or harm.

I understand that Dentistry is not an exact science and that, therefore, a reputable doctor cannot guarantee any specific results. No Guarantee or assurance has been given by my dentist of the expectations of results that may be achieved.

I accept and trust my dentist. I believe that the only considerations in their mind, other than to perform high quality dental services are my personal right to choose and the right to benefit from their best efforts in my behalf. I believe that my dentist will try to do his/her very best under possibly trying circumstances. I believe and accept that the treatment will represent the dentist's best judgment. I believe that this is the essence of the professional relationship and voluntarily enter into it.

Date: \_\_\_\_\_

Name of Patient \_\_\_\_\_

Signature of patient/parent or guardian \_\_\_\_\_

Signature of dentist \_\_\_\_\_

**\*Please be aware warranty on any crowns and bridges will only be honored if you are coming in for your recommended hygiene appointments. If any recommended hygiene appointments are missed the warranty will be voided.**