

Consent for Crown and Bridge Prosthetics

I hereby authorize Dr. Wiesenmayer to perform the following treatment or surgical procedure _____, and I understand that this is an **elective, urgent, or emergency** procedure (circle one).

Alternative Treatments include _____.

Crown or bridgework may be indicated to fix a tooth that: has a large restoration, is fractured, has “cracked tooth syndrome”, has an existing crown with recurrent decay, to change the appearance of the tooth, to make the occlusion (way the teeth bite together) more favorable, or to add support to a root canal treated tooth. Crowns and bridges cover the tooth in order to disperse forces more favorably along the tooth in order to prevent further damage to your natural dentition.

Potential Risks and Complications:

1. Reduction of tooth structures: 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 preparations will be done as conservatively as possible.
2. 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.
3. Sensitivity to 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.
4. 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.
5. 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 of the crown or bridgework.

6. 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 check-ups, diet, etc., can affect longevity. Because of this, no guarantee can be made or assumed to be made concerning how long crown and bridgework will last.
7. 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 consent to the administration of **local anesthesia, nitrous oxide analgesia** or **oral sedation** in connection to the procedure referred to above (circle all that apply). Drugs given at the time of surgery for sedative purposes or control of pain following the surgery may cause drowsiness and a lack of awareness or coordination.

I certify that I have read the above and fully understand this consent for treatment. I understand that a perfect result cannot be guaranteed. I am aware of the fee(s) associated with this treatment and am responsible for any and all payments not covered by my insurance.

Patient Signature _____ Date _____

Doctor Signature _____ Date _____

Witness Signature _____ Date _____