



CONSENT FOR CROWN AND BRIDGE FIXED PROSTHETICS

I hereby authorize the doctors at Thrive Dental & Orthodontics, along with their staff, to perform fixed prosthodontic (crown and/or bridge) procedures for me or my dependent on tooth number(s): _____

I understand that the purpose of fixed prosthodontics (crown and/or bridge) is to cover or cap teeth, restoring them to their natural size and shape or to replace a tooth/teeth that have been lost. Dental crowns and bridges are made from porcelain, and may or may not have an inner layer of metal. Even though care and diligence will be exercised by my treating dentist, there are inherent risks associated with any procedure. I agree to assume those risks, including possible unsuccessful results and/or failure which are associated with, but not limited to the following:

1. **Sensitivity of teeth:** After preparation of teeth for placement of any restoration, the prepared teeth may exhibit sensitivity. This sensitivity may be mild to severe and may last for a short period of time or may last for much longer. If sensitivity is persistent or lasts for extended periods of time, the patient must notify the dentist, as this may be a sign of more serious problems.
2. **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 and/or bridges may be placed upon them. Tooth preparation will be done as conservatively as possible.
3. **Chipping, Breakage, or Loosening:** Crowns and bridges may possibly chip or break any time following placement. Many factors can contribute to this situation such as chewing excessively hard materials, changes in biting forces exerted, traumatic blows to the mouth, failure of the bond between the crown/bridge and tooth or teeth, and other conditions the dentist has no control over. Unobservable cracks may develop in crowns from these causes, and may appear to break for no obvious reason. Breakage or chipping seldom occurs due to defective materials or construction unless it occurs soon after placement. 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.
4. **Adjacent Damage:** Damage to existing fillings, crowns, bridges, veneers, or natural teeth can occur necessitating placement or replacement of a restoration. Tissue laceration or abrasion may require sutures (stitches). Stretching of the corners of the mouth can result in cracking and bruising of the lips and/or tissue around the mouth.
5. **Aesthetics or appearance:** Every attempt possible will be made to match and coordinate both the form and shape of the crowns/bridge that will be placed to be cosmetically pleasing to the patient. However, there are some difference that may exist between natural dentition and the fixed prosthetic. 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). Once crowns/bridges are cemented into place, should any changes be desired, a fee will be assessed to remake the restoration.
6. **Necessity for root canal treatment:** When crowns/bridges are placed or replaced, the preparation of the teeth necessitates the removal of all decay and inadequate tooth structure to ensure that the diseased or compromised tooth provides sound support for placement of the restoration. At times, this may lead to exposure or trauma to pulp tissue. Should the pulp not heal, which often is exhibited by extreme sensitivity or possible abscess, root canal treatment or extraction is required.

Initials _____

7. **Necessity of Posts:** Placement of posts in teeth is required when there is inadequate natural tooth structure remaining to support the crown and/or bridge of root canal treated teeth. Risks of post placement include tooth fracture and perforation, both of which may necessitate extraction. Over time, the post may also become loose or even break, which could cause the restoration to dislodge.

8. **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 dentist 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.

9. **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.

10. **Nerve Injury:** Injury to the nerves, although infrequent, can cause numbness (anesthesia), tingling/burning (paresthesia), or altered sensation in the teeth, lip, tongue, chin, and the tissues in the floor of the mouth. This change in sensation may be temporary lasting a few days to a few months, or could possibly be permanent.

11. **Muscle or jaw pain and soreness:** Swelling, discomfort and/or bruising may be noticed following dental treatment. Pre-existing TMJ (jaw joint) conditions may be aggravated by dental treatment. Clicking, popping, muscle soreness, and difficulty opening (trismus) may be noticed following treatment. If symptoms persist, the patient should contact the office. The patient must notify the doctor of any pre-existing conditions prior to treatment.

12. **Longevity:** There may be many variables that determine “how long” crowns and bridges can be expected to last. Among these are some of the factors mentioned above. 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.

PATIENT RESPONSIBILITY: It is the patient’s responsibility to seek attention from the dentist should any undue or unexpected problems occur. The patient must following all instructions, including the scheduling and attending of 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 to make a new restoration.**

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of fixed prosthetics, and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any. No guarantees or promises have been made to me concerning the results of treatment to be rendered to me. The fees 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 doctors at Thrive Dental & Orthodontics to render any treatment necessary or advisable to mine or my dependent’s dental conditions.

Patient’s Name (please print)

Signature of Patient, Legal Guardian, or Authorized Representative

Date

Witness’ Signature

Date