



CONSENT FOR FINAL CEMENTATION OF CROWN AND BRIDGE PROSTHETICS

I have been given the opportunity to view my crown(s) and/or fixed bridgework in place prior to final cementation. I approve of the color, shape, feel of the material, and overall appearance of my crown(s) or fixed bridgework.

Initials_____

I understand that once the crown(s) and/or fixed bridgework is cemented in my mouth, the factors of color, shape, feel of the material, and overall appearance cannot be changed without additional, and possibly significant, time being taken and additional fees assessed. I further understand that removing cemented crowns and/or fixed bridgework may affect the health of the tooth's nerve, recreate the risk of injury or breakage to the underlying teeth, and will destroy the prosthesis, requiring a new crown or bridge to be made.

I hereby authorize the doctors at Thrive Dental & Orthodontics and their staff to permanently cement crowns and/or bridges for me or my dependent on tooth number(s): _____

Patient's Name (please print)

Signature of legal guardian, or authorized representative

Date

Witness' Signature

Date