

Crown and Bridge Prosthetics Consent – Viva Dental

First Name – Patient _____ Last Name- Patient _____

Patient birth date MM-DD-YYYY _____

Tooth Number _____

I UNDERSTAND that treatment of dental conditions requiring CROWNS and/or FIXED BRIDGE WORK includes certain risks and possible unsuccessful results, with even the possibility of failure. I agree to assume those risks, possible unsuccessful results and/or failure associate with, but not limited to the following: (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).

1. Reduction of the 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 practical.
2. Sensitivity of teeth: Often, after the preparation of teeth or the reception of either crowns or bridges, the teeth may exhibit sensitivity. It may be mild to severe. This sensitivity may last only for a short period of time or may last for much longer periods. If it is persistent, notify us as this sensitivity may be from some other source.
3. Crowned or bridge abutment teeth may require root canal treatment: Infrequently, the tooth (teeth) may abscess or otherwise not heal which may require root canal treatment, root surgery, or possibly extraction. Example, trauma from an accident, deep decay, extensive preparation etc.
4. Breakage: Crowns and bridges may possibly chip or break. Many factors could contribute to this situation such as chewing excessively hard materials, changes in biting forces, traumatic blows to the mouth, etc.
5. 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.

6. Esthetics or appearance: Patients will be given the opportunity to observe the appearance of crowns or bridges in place prior to final cementation

7. Longevity of crowns and bridges: 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.

8. It is a patient's responsibility to seek attention from the dentist should any undue or unexpected problems occur. The patient must diligently follow all instructions, including the scheduling and the cementation appointment can result in ultimate failure of the crown/bridge to fit properly and an additional fee may be assessed.

9. I understand Crown and Bridge restorations are considered major treatment and may not be covered by my current dental insurance. If I do not wait for insurance preauthorization response, I am aware I am financially responsible for the cost incurred.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of crown and/or bridge treatment and have received answers to my satisfaction. I voluntarily assume any and all possibly risks including those as listed above and including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning the results. The fee(s) for service have been explained to me and are satisfactory. By signing this document, I am freely giving my consent to allow and authorize my Doctor to render any treatment necessary and/or advisable to my dental conditions including the prescribing and administering of any medications and/or anesthetics deemed necessary to my treatment.

Print Name _____

X _____