



970-328-1116 • P.O. Box 576 • 56 Market St. Eagle Co 81631

Informed Consent Prosthodontic Treatment Crowns, Bridges, Veneers

I. Dental crowns are restorations that cover or cap teeth, restoring them to their natural size, shape and color. A crown not only helps with appearance but can strengthen a tooth as well. A fixed, or stationary bridge is designed to replace teeth that have been lost. Missing teeth may need to be replaced for appearance, or to prevent or correct bite and gum problems related to shifting or stressed teeth.

II. As with all procedures, there are certain potential problems associated with these restorations. The most common of these include

- a) *Tooth sensitivity* to heat, cold or air.
- b) *Fractures to the materials* may occur after placement. Small fractures may be repaired, large fractures may require a new crown, bridge or veneer.
- c) *Recurrent tooth decay* can occur after placement. This may be corrected with a filling, or a new crown or bridge might be needed.

Other less common complications include, but are not limited to the following:

- a) After tooth has been prepared for a crown, the tooth may still die and *require root canal therapy*. This is often due to past history of deep decay, large restorations, or trauma to the tooth. Placing a crown restores the strength of the tooth, but doesn't prevent the need for a future root canal. If this condition should occur, root canal therapy is not included in the price of the crown and is an additional fee.
- b) Periodontal (gum) disease can occur at any age, with or without these restorations. Generally speaking, crowns, bridges and veneers do not create or prevent gum disease
- c) The condition of the tooth may have changed between the time of treatment plan and the date of treatment. It is possible that *additional treatment*, such as crown buildups/crown lengthening/root canal therapy may be needed after initial treatment diagnosis.
- d) *Food impaction* may occur under a bridge or around other restorations. This may be an unavoidable condition. Meticulous home care is required.
- e) *Temporomandibular Joint Dysfunction* may occur due to changes in the bite following crowns, bridges, and veneers. This can usually be corrected, but in rare occasions may cause symptoms requiring extensive treatment.

III. I understand my condition requires a full coverage crown/bridge on # ____, as diagnosed by the doctors at Castle Peak Dental. I furthermore understand that I will be fitted with a custom temporary restoration that will protect my tooth until my permanent restoration is ready from the dental lab. This temporary is critical not only for the protection of my tooth, but in the maintaining of the precise position of my tooth, ensuring that my final restoration will fit properly. Should this

temporary become dislodged, even if I have no pain, I must recement my temporary with cement purchased at the pharmacy or call the office as soon as possible to have it recemented. If the temporary breaks, I understand that I must call the dental office as soon as possible.

IV. It has been explained to me that temporaries are designed to last about one month, and after that, wear or small fractures in the acrylic may occur. This could lead to sensitivity, movement of the tooth or even decay, requiring a remake of my permanent restoration. Castle Peak Dental will make every effort to contact me as soon as my permanent restoration is ready, and I have left all possible phone numbers by which to reach me. I understand that after one month, if I still have not responded, than I may be subject to additional fees incurred by remake of permanent porcelain work and/or remake of temporary restorations. After three months, my restoration will be sent back to the lab for reprocessing of the materials, and I may be subject to full price remake of my restoration if I then return to the dental office. If there is a delay on a restoration through no fault of my own, Castle Peak Dental will not hold me responsible financially for any remake/additional work that is necessary.

V. Castle Peak Dental warranties it's crowns; however, I understand that it is my responsibility to return every 3-12 months to have any dental treatment checked by the doctor/hygienist to maintain warranty.

I have read and understood these general policies and have had an opportunity for my questions to be addressed.

Patient Printed Name: _____

Signed: _____ Date: _____

Witness: _____ Date: _____