



Crown and bridge consent form

The treatment of dental conditions requiring crowns and/or fixed bridgework, involves certain risks and possible unsuccessful results, including the possibility of failure. Even when care and diligence is exercised in the treatment of conditions requiring crowns and bridgework and fabrication of the same, there are no promises or guarantees of anticipated results or the length of time the crown and/or fixed bridgework will last. The associated risks with crowns and/or fixed bridgework, which include but are not limited to the following:

1. Reduction of tooth structure

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, but I understand that normally at least some of my existing tooth structure will be removed.

2. Numbness following use of anaesthesia

In preparation of teeth for crowns or bridges, anaesthetics are usually needed. As a result of the injection or use of anaesthesia, at times there may be swelling, jaw muscle tenderness or even a resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues that is usually temporary; in very rare instances, such numbness may be permanent.

3. Sensitivity of teeth

Often, after the preparation of teeth for the reception of either crowns or bridges, the teeth may exhibit mild to severe sensitivity. This sensitivity may last only for a short period of time or for a much longer period. If it is persistent, notify us so that we can determine the cause of the sensitivity and seek to treat that condition.

4. Crown or bridge abutment teeth may require root canal treatment

After being crowned, teeth may develop a condition known as pulpitis or pulpal degeneration. The tooth or teeth may have been traumatized from an accident, deep decay, extensive preparation for the crown or bridge, or from other causes. It may be necessary to do root canal treatments on the affected teeth. If teeth remain sensitive for long periods of time following crowning, root canal treatment may be necessary. Infrequently, the tooth or teeth may abscess



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or otherwise not heal, which may require root canal treatment, root surgery or possibly extraction.

5. Breakage

Crowns and bridges may chip or break. Many factors can contribute to this situation, including chewing excessively hard materials, change in biting forces, traumatic blows to the mouth, etc. Undetectable cracks may develop in crowns from these causes, but the crowns/bridges themselves may not actually break until sometime later. Breakage or chipping because of defective materials or construction is somewhat uncommon. If it does occur, it usually occurs soon after placement.

6. Uncomfortable or strange feeling

Crowns and bridges are artificial and therefore feel different from natural teeth. Most patients become accustomed to this feeling over time. In limited situations, muscle soreness or tenderness of the temporomandibular joint (TMJ) — jaw joint — may persist for indeterminable periods of time, following placement of the prosthesis.

7. Aesthetics or appearance

Patients will be given the opportunity to observe the appearance of crowns or bridges in place, prior to final cementation. Any disagreements with the appearance of the crowns or bridges must be made at this point, as once it has been cemented it may be too late to change it.

A temporary crown or bridge will be placed, where possible, whilst the final crown is being fabricated by an external lab. The aesthetics are not guaranteed for this as a standard shade is used. The temporary crowns are cemented with a temporary cement and, on occasions, may debond, resulting in additional visits for recementing.

8. Longevity of crowns and bridges

Many variables determine how long crowns and bridges can be expected to last. Among these are some of the factors mentioned in the preceding paragraphs, including the general health of the patient, oral hygiene, regular dental checkups and diet. As a result, no guarantees can be



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made or assumed to be made regarding the longevity of the crowns or bridges. There will be a 12 month guarantee on the material of the crown.

It is a patient's responsibility to seek attention from the dentist should any undue or unexpected problems occur. The patient must diligently follow any and all instruction, including the scheduling of and attendance at 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 required if it has to be remade.

Patient declaration

Crown and/or Bridge treatment has been explained to me fully and I have had the opportunity to think about all the risks, benefits, alternatives and the cost of this treatment. I have read this consent form in my own time and I am happy to progress with the treatment.

No guarantee can be given to you by anyone that the proposed treatment or surgery will cure or improve the condition(s) permanently.

Patient's signature:.....

Patient's Name:.....

Date:.....



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