

Consent for Fixed Prosthodontic Treatment (Crowns/Bridges)



PLANNED TREATMENT

The Dentist has recommended the placement of (___) a crown(s) or (___) bridge (check one) to restore the following teeth:

CROWN

During the first visit, the Dentist will, at the best of their ability, remove any decay in the tooth that is present. If there is a large amount of decay or if I have had a root canal, the Dentist may need to build up a foundation to support the crown. The Dentist will prepare and shape the tooth to accept the crown. The Dentist will make an impression of the tooth and may make an impression of the teeth opposing the tooth that will receive the crown, to help make sure the crown doesn't affect my bite. This impression will be sent to the lab for processing. **It will take about 2-4 weeks to get the permanent crown back.** A temporary crown will be provided until the permanent crown is ready to be cemented.

BRIDGE

A bridge consists of two or more crowns that are connected to prosthetic teeth and cemented in the mouth. The Dentist will create the bridge by preparing and shaping the teeth to which the bridge will be attached. An impression will be taken of the shaped teeth and sent to the lab for processing. During the **2-4 weeks it takes to get the permanent bridge back**, a temporary bridge will be placed. Once the bridge is ready, the Dentist will fit and adjust the bridge and cement it in place.

ALTERNATIVES

In lieu of a crown to protect a tooth, the tooth can be extracted. Dental Implants can be done instead of the bridge. Or, opt to not have treatment.

FINANCIAL RESPONSIBILITIES

Prepayment of the crown is expected before the impression process. Patient is financially responsible for any unfinished crown treatment.

If you have an insurance that covers the crown 100% and you lose that insurance between the time of impression and the seat of the permanent crown, you will be immediately responsible for the crown at full fees of \$1183. If you wish to not have the permanent crown placed, you can just opt to pay for the lab fee of \$600. If no payment is made immediately upon coverage loss, the lab fee will be sent to collections.

PATIENT RESPONSIBILITIES

1. Take care of the temporary crown. Do not eat anything too hard and try to chew using other parts of the mouth. If the temporary crown breaks off and damages the integrity of the tooth that is to be crowned, you may lose the ability to have a crown. A \$600 lab fee for the crown is still due.
2. Maintain good oral hygiene. Crown and bridge failures occur when proper flossing and brushing is not done. Even though there is a crown over the tooth to protect it, the lack of good oral hygiene can still cause cavities on the tooth underneath. This can cause instability and loss of the crown/tooth. **If we attempted to get you scheduled for the seat of the crown and you fail to show within one month, the full lab fee applies.**

RISKS

Complications associated with crown or bridge placement include, but are not limited to:

- A possibility that the crown or bridge will fracture or chip
- A possibility that the cement will wash out underneath the crown without the crown falling off, allowing bacteria to leak under the crown. Contact the Dentist if the crown seems loose.
- Crowns may fall out due to improper fit or lack of cement.
- There is a possibility that I may need root canal treatment if there is an excessive amount of decay and damage to my tooth, or if the nerve of my tooth is exposed during removal of decay or when shaping the tooth for a crown or bridge.
- The tooth may require root canal treatment if a post-and-core foundation needs to be placed in the root canal space to build a foundation to secure the crown.
- I may have some post-procedure discomfort or swelling
- It may not be possible to match the color of my natural teeth exactly with the color of the artificial teeth
- If my tooth still has the nerve, my tooth may be sensitive to hot and cold.

There is no guarantee of a successful outcome.

CONSENT

By signing this consent form, I acknowledge that I have read and understand this Consent for Fixed Prosthodontic Treatment for placement of a crown or bridge, and that I have asked and had answered all of my questions, if any, in a satisfactory manner. I have read and understand the risks and complications with fixed prosthodontic treatment. I understand that the potential risks are not limited to those described above. I understand that there is no guarantee of a successful outcome. I understand that this is an elective procedure, and that I have a choice of other forms of treatment or no treatment at all. I understand and bare all the financial and care responsibilities.

Printed Patient Name _____

Date _____

Signature of Patient or Authorized Signer _____ Relation if not Patient _____