

Consent and Waiver Crown / Bridge Re-Cement



By signing this form, I give permission to re-cement a previously made dental Crown/Bridge on tooth #(s)_____.

To the best of the doctor's ability and to the limitation of precision, I consent to:

1. Removal of old cement from inside the Crown/Bridge and existing prepped tooth/teeth.
2. Cleanup of foreign matter
3. Place a bonding agent in attempt to recement the previously made crown/bridge.

No repairs will be made to the prepped tooth. No repairs will be made to the previously made crown/bridge.

I understand the following risks and limitations including, but not limited to

- Damage during old cement removal
- Damage to existing prepped tooth/teeth
- Fracture of tooth/teeth and crown/bridge during or after recementation
- Damage to neighboring teeth
- Overflow of new cement that may cause irritation
- The esthetics of the crown/bridge may not match what it looked like previously
- Gap between the gum and the recemented crown/bridge
- Decay that can occur in the future under the recemented crown

I understand the risks and complications. There is no guarantee or warranty on the dental crown/bridge recementation. I understand that if the crown/bridge becomes dislodged from the tooth/teeth again, the next step would be to assess whether or not a new one can be made. If the tooth/teeth can still be restored with a new crown/bridge, I will be liable for any costs associated with it. I will be responsible for future costs including, but not limited to new crown/bridge, recementation, buildup, posts, root canal treatment, etc. I waive any right to claims against the doctor or the practice if complications occur from the recementation.

I have read, understood, and agreed to this consent and waiver.

Patient's Printed Name_____

Authorized Signature_____

Date_____