

## Consent for Crowns / Veneers / Bridges

**This Procedure involves 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) /veneers and/or bridges may be placed upon them. Tooth preparation will be done as conservatively as practical. In preparation of teeth, anaesthetics are usually needed. At times there may be swelling, jaw muscle tenderness or even a resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues which is usually temporary, or very rarely, permanent.

**Sensitivity of teeth:** Often, after the preparation of teeth or the reception of either crowns or bridges, the teeth may exhibit sensitivity.

**Crowned or bridge abutment teeth may require root canal treatment:** Teeth, after being crowned, 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, or other causes. It is often necessary to do root canal treatments in these teeth.

**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.

**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. In limited situations, muscle soreness or tenderness of the jaw joints (TMJ) may persist for indeterminate periods of time following placement of the prosthesis.

**Longevity of crowns and bridges:** There are many variables that determine “how long” crowns and bridges can be expected to last. Among these are some of the factors mentioned in preceding paragraphs. Additionally, 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.

Type of Crown / Bridge / Veneer	Teeth	Cost

I fully understand the treatment proposed, the alternatives and possible complications.  
I have had a chance to ask any relevant questions and consent to the above treatment.

Name of Patient \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_