

Informed Consent for Crown Treatment

I, _____, understand that it has been recommended that tooth/teeth # _____ is restored with a crown(s) due to any, or all, of the following reasons:

- Restore a broken tooth/teeth to full form and function
- Prevent further damage from either a fracture due to large fillings or excessive force
- Prevent further damage from significant decay
- Reinforcement of weakened tooth structure
- Reinforce and seal a tooth that has had previous root canal therapy

This procedure includes certain risks and possible unsuccessful results, with even the possibility of failure. Even though care and diligence is exercised in the treatment of the reasons requiring crowns, there are no promises or guarantees of anticipated results or the longevity of the treatment. I agree to assume those risks, possible unsuccessful results and/or failure associated with, but not limited to the following:

1. **Reduction of tooth structure:** To replace decayed or fractured tooth structure with a crown, it is necessary to reduce the existing structure of the tooth so there is room for the crown. **AKA your tooth will be miniaturized, but filling material may need to be added to give the proper shape for the crown to fit the tooth.**

2. **Sensitivity of teeth:** Due to the combination of the conditions necessitating the crown, and the actual treatment rendered to the tooth during the crown process, the tooth may exhibit sensitivity after treatment. It may be mild to severe. There are many factors involved in post-treatment sensitivity, and it cannot be guaranteed that it will not develop. This sensitivity may last only for a few days to several months. If it is persistent, please notify us to evaluate. Additional treatment such as root canal therapy, or extraction, may be indicated. **AKA the tooth is already damaged (hence, why we are treating it) and in the process of crowning the tooth, controlled damage must happen. The additional damage to the tooth may cause the nerve to become inflamed, leading to sensitivity. Even if the tooth felt fine before treatment, it may develop sensitivity afterwards.**

3. **Crowned teeth may require root canal treatment or extraction:** After being crowned, teeth may develop a condition known as pulpitis or nerve inflammation. The tooth, or teeth, may have been traumatized from an accident, deep decay, existing fractures, or other causes, prior to treatment. The reduction of tooth structure may cause the nerve to become more inflamed, and may require root canal treatment or extraction. **AKA again, even if the tooth has no symptoms, there is a reason we are recommending a crown. We are hoping that the crown will prevent any further issues, but it is possible that additional treatment may be needed including a root canal or extraction.**

4. **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. Unobservable cracks may develop in crowns from these causes, but the crowns/bridges may not actually break until chewing soft foods or possibly for no apparent reason. Breakage or chipping seldom occurs due to defective materials or construction unless it occurs soon after placement. **AKA crowns are very strong, but all materials can break and/or wear down. It is not common, but after years of use, a crown can break and/or wear down, and it may need to be replaced.**
5. **Uncomfortable or strange feeling:** This may occur when biting because of the differences between natural teeth and the non-natural material of the crown, or it may feel different to your tongue or cheek. Most patients usually become accustomed to this feeling in time, but additional adjustments to the biting surface of the crown and/or opposing tooth may be needed. In limited situations, muscle soreness or tenderness of the jaw joints (TMJ) may persist for indeterminable periods of time following placement of the prosthesis. **AKA we work closely with our lab to give you as close of a replacement to your original tooth as possible. The mouth is and EXTREMELY sensitive area, and mere fractions of a millimeter can be detected. We will do everything we can to have the crown feel as comfortable as possible, but there is an adjustment period as well.**
6. **Esthetics or appearance:** Patients will be given the opportunity to observe the appearance of crowns in place prior to final cementation. Verbal consent will be obtained prior to cementation of the crown/bridge and documented in the chart. **AKA please let us know if you do not like the color or appearance of your crown. It will take a couple more weeks to get it corrected, but you will have this crown for years or decades.**
7. **Longevity of crowns and bridges:** There are many variables that determine how long crowns 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., will affect longevity. **AKA Know that this is not a “fake tooth.” It is merely a hard hat replacing about 15-25% or your entire tooth, and there is still tooth structure for bacteria to cause decay. Brushing, flossing and regular cleanings/exams are EXTREMELY important in the longevity of your crown.**
8. 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 instructions, including the scheduling and attending all appointments. Failure to keep the cementation appointment can result in ultimate failure of the crown to fit properly and an additional fee may be assessed. **AKA if we aren’t made aware of any issues with the crown, we can’t help. We are here for you and want this treatment to be beneficial for your long term oral health. Please keep open communication regarding any issues.**

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of crown and/or bridge treatment and have received answers to my satisfaction. I voluntarily assume any and all possible risks including those as listed above and including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning the results. The fee(s) for service have been explained to me and are satisfactory. By signing this document, I am freely giving my consent to allow and authorize Dr. _____ and his /her associates to render any treatment necessary and/or advisable to my dental conditions including the prescribing and administering any medications and/or anesthetics deemed necessary to my treatment.

Patient's Name (please print)

Signature of Patient, Legal Guardian
or Authorized Representative

Date

Tooth No.(s) _____

Witness to Signature

Date