Informed Consent for Crown, Inlay/Onlay and Bridge Procedures

About the proposed Treatment:
Treatment involves covering the tooth above the gum line with a crown (cap), inlay/onlay (partial crown) or covering the front surface of a tooth with a ceramic/porcelain material called a Veneer. The purpose of a crown is to strengthen a tooth damaged by decay or previous restoration, protect a tooth that has had root canal treatment or improve the way your bite fits together. Crowns and Veneers are also used to restore or improve the appearance of damaged, discolored, misshapen or poorly spaced teeth.

Treatment involves two phases, including preparation of the tooth and completion of treatment. In preparing a tooth for a crown, some of the tooth above the gum line is removed to create the foundation for the crown. Preparing a tooth for a veneer involves altering the front surface of the tooth with instruments and abrasive materials so the veneer can be attached.

Treatment is completed in several steps. A temporary (Provisional) crown is usually placed with temporary cement while the new crown is being created. Once a temporary crown has been placed, it is essential to return to have the new crown placed as soon as it is ready. Because a temporary crown is not intended to function as well or for as long as a crown, failing to return promptly could lead to the deterioration of the temporary crown, resulting in decay, gum disease, infection and problems with your bite.

At a later appointment the new crown is place with special dental cement. A crown or veneer is placed only once you have approved the size, shape and color.

Benefits and Alternatives:
The proposed treatment is intended to restore or improve the appearance and strength of your teeth as well as the way your bite fits together. Depending on your needs, alternative treatments include extracting damaged teeth or correcting your bite with orthodontic treatment instead of placing crowns and bleaching discolored teeth instead of placing veneers. There is no alternative to a crown for protecting a weak tooth that has received Root Canal Treatment.

Common Risks
1. Reaction to anesthesia and/or sedation: To keep you comfortable while your tooth is being prepared, you will receive a local anesthetic, typically Lidocaine or Carbocaine. In rare instances patients have an allergic reaction to the anesthetic, which may require emergency medical attention, or find that it reduces their ability to control swallowing, which increases the chance of swallowing foreign objects during treatment. Sedatives may temporarily make you drowsy or reduce your coordination. Other Risks of Local Anesthesia include but are not limited to:
   A. Prolonged or permanent anesthesia (numbness) or partial anesthesia (paresthesia).
   B. Bleeding under the surface of the mucosa (tissue covering the inside of the mouth) which may cause swelling and discoloration of the inside of the mouth and/or face, (Hematoma).
   C. Rapid heart beat or other changes in Cardiac Rhythm and/or very rarely death.
2. Irritation to nerve tissue: Preparing a tooth may irritate the nerve tissue (called the pulp) in the center of the tooth, leaving your tooth feeling sensitive to heat, cold or pressure.

   Treating such irritation may involve using special toothpastes or mouth rinses or possibly treating the pulp itself (called endodontic or root canal treatment).
3. Stiff or sore jaw joint: Holding your mouth open during treatment may temporarily leave your jaw feeling stiff and sore and may make it difficult for you to open your mouth wide for several days afterwards. Treatment may leave the corners of your mouth red or cracked for several days.
4. Changes to your bite: A crown may alter the way your bite fits together and cause your jaw joint feel sore. This may require adjusting your bite by altering the biting surface of the crown or adjacent teeth.
5. **Gum Disease:** The lower edge of a crown is usually designed to rest near the gum line, which may increase the chance of gum irritation, infection or decay. Proper brushing and flossing at home, a healthy diet and regular professional cleaning are essential to helping prevent these problems.

**Consequences of not performing treatment**
If you do not have restorative treatment, existing problems caused by the shape or position of your teeth could result in further discomfort and possible damage to your jaw joints. For teeth that have received root canal treatment, failure to place a crown could lead to pain, infection and possibly the premature loss of the tooth. Decayed, Cracked or broken teeth or teeth with previous inadequate restorations could continue to deteriorate, causing pain, further decay, infection, deterioration of the bone surrounding the tooth and eventually, the premature loss of teeth.

**No Guarantees**
I understand that in living things nothing can be predicted with certainty and that no guarantees, warrantees, or promises, either implied or explicit, have been given as the outcome of this treatment. I further understand, however, that in the Doctor’s opinion, benefits outweigh the risk, and with successful treatment I can expect a healthy functional tooth.

I understand that there are several reasons a crown, partial crown or onlay may need to be replaced that are beyond the Doctor’s control, and would be my responsibility to replace.

I understand that even with today’s treatment, the treated tooth can still get cavities. If decay were to get under the margin of the crown, the crown would need to be replaced. I understand that proper hygiene and homecare are very important with any restoration and it is my responsibility to brush and floss twice daily.

I also understand that a heavy bite, clenching and grinding can cause fractures in the porcelain of the crown, partial crown or onlay. I understand that there is no man-made material as strong as my natural teeth, and the forces placed on my restorations can fracture and break.

I further understand, if I have been recommended a night guard, due to wear and fractures in my natural teeth and existing restorations, without a night guard the crown, partial crown or onlay could fracture.

**Additional**

Every reasonable effort will be made to ensure that your condition is treated properly, although it is not possible to guarantee perfect results. By signing below, you acknowledge that you have received adequate information about the proposed treatment, that you understand this information and that all of your questions have been answered fully.

___ I give my consent for the proposed treatment as described above.

___ I refuse to give my consent for the proposed treatment as described above. I have been informed of the potential consequences of my decision to refuse treatment.

Patient Signature____________________________________ Date_____________________

Dentist Signature____________________________________ Date_____________________

Witness’s Signature__________________________________ Date_____________________