

INFORMED CONSENT DISCUSSION FOR CROWNS:

Patient Name: _____ Date of Birth: _____

DIAGNOSIS: _____

Facts for Consideration

(Patient's Initials Required)

- _____ Treatment involves restoring damage areas of the tooth above and below the gumline with a crown.
- _____ Restoration of a tooth with a crown requires two phases:
- 1) Preparation of the tooth, an impression sent to the lab, and construction and cementation of a temporary crown, and later,
 - 2) Removal of the temporary crown, adjustment and cementation of the permanent crown after esthetics and function have been verified and accepted.
- _____ Once a temporary crown has been placed, it is essential to return to have the permanent crown placed as the temporary crown is not intended to function as well as the permanent one. Failing to replace the temporary crown with the permanent one could lead to decay, gum disease, infections, problems with your bite, and loss of the tooth.

Benefits of Crowns, Not Limited to the Following:

- _____ A crown is typically used to strengthen a tooth damaged by decay, fracture, or previous restorations. It can also serve to protect a tooth that has had root canal treatment and improve the way your other teeth fit together.
- _____ Crowns are usual for the purpose of improving appearance of damaged, discolored, misshapen, mal-aligned, or poorly spaced teeth.

Risks of Crowns, Not Limited to the Following:

- _____ I **understand** that preparing a damaged tooth for crown may further irritate the nerve tissue (called the pulp) in the center of the tooth, leaving my tooth sensitive to heat, cold, or pressure. Sensitive teeth may require additional treatment including endodontic (root canal) treatment.
- _____ I **understand** that holding my mouth open during treatment may temporarily leave my **jaw feeling stiff and sore** and may make it difficult for me to open wide for several days. However, this can occasionally be an indication of a further problem. I **must notify your office** if this or other concerns arise.
- _____ I **understand** that a crown may **alter the way my teeth fit together** and make my jaw joint feel sore. This may require adjusting my bite by altering the biting surface of the crown or adjacent teeth.
- _____ I **understand** that the edge of the crown is usually near the gumline, which is an area prone to gum irritation, infections, or decay. Proper brushing and flossing, a healthy diet, and regular professional cleaning are some preventative measures essential to helping control these problems.
- _____ I **understand** that I may receive a **topical or local anesthetic and/or other medication**. In rare instances patients may have a reaction to the anesthetic, which may require emergency medical attention, or find that it reduces their ability to control swallowing. This increases the normal chance of swallowing foreign objects during treatment. Depending on the anesthesia and medications administered, I may need a **designated driver to take me home**. Rarely, temporary or permanent nerve injury can result from an injection.

_____ **I understand** that there is a risk of aspirating (inhaling), swallowing the crown during treatment.

_____ **I understand** that all **medications** have the potential for accompanying risks, side effects, and drug interactions. Therefore, it is critical that I tell my dentist of all medications I am currently taking which are:

_____ **I understand** that although it is impossible to guarantee perfect results, every reasonable effort will be made to ensure the success of my treatment.

Consequences if No Treatment Is Administered, Not Limited to the Following:

_____ **I understand** that if **no treatment** is performed, I may continue to experience symptoms which may increase in severity, and the cosmetic appearance of my teeth may continue to deteriorate.

Alternative to Crowns, Not Limited to the Following:

_____ **I understand** that depending on the reason I am choosing to have a crown placed, alternatives may exist. I have asked my dentist about the alternatives and associated expenses. My questions have been answered to my satisfaction regarding the procedures and their risks, benefits, and costs.
Alternatives discussed: _____

No guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the condition(s) listed above.

I consent to the crown preparations and placement as described above by Dr. _____

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

I have been informed of and accept the consequences if no treatment is administered.

Patient / Representative Name and Signature

Date

Witness Signature

Date

FOR DENTIST USE ONLY:

I attest that I have discussed the risks, benefits, consequences, and alternatives to veneer preparations and placement with _____ (patient name) who has had the opportunity to ask questions, and I believe my patient understands what has been explained.

Dentist Signature

Date