

INFORMED CONSENT (IT DOES NOT COMMIT YOU TO TREATMENT) CROWNS AND BRIDGES

Dental crowns are restorations that cover or cap teeth, restoring them to their natural size, shape, and colour. A crown not only helps with appearance, but can strengthen a tooth as well. A bridge is designed to replace teeth that have been lost. Missing teeth may need to be replaced for appearance, or to prevent or correct bite and gum problems related to shifting or stressed teeth.

I UNDERSTAND that a crown may be indicated for one or more of the following reasons:

- **Full coverage for root canal treated tooth** to prevent fracture.
- **Cracked tooth syndrome** — A part of the tooth is split resulting in sensitivity to cold and/or discomfort upon biting.
- **Large filling** — Weakened tooth needing a crown to prevent future fractures.
- **Cosmetic** — The patient does not like the way the tooth, the existing restoration, or arrangement of the teeth looks.
- **Trauma** from accident or grinding/clenching causing the tooth to fracture.

It is a two appointment procedure. The first appointment is for the preparation of the tooth, impression of the prepared tooth, adjacent teeth, and opposing teeth, and the fabrication of a temporary to protect the prepared tooth and maintain in its proper position while the lab fabricates your permanent restoration. The second dental appointment is usually two to four weeks after the initial appointment. In this appointment your temporary will be removed and your permanent crown or bridge will be adjusted and cemented in your mouth. The tooth will be sensitive to air and water once the temporary is removed, provided you have not had a root canal therapy. Many patients do not like to be given anaesthesia for this appointment; however you may prefer to be given an injection prior to the removal of your temporary.

I UNDERSTAND that depending on my diagnosis, there may or may not be alternatives to a crown and bridge. I understand that possible alternatives to crown and bridge may be:

- **No treatment** — Choosing to leave the tooth as it is may eventually result in pain; infection and loss of tooth.
- **Extraction** of the damaged tooth usually requires replacement by bridge, implant or denture.
- **Large fillings** — These often fail early if a tooth was compromised enough to warrant crown placement.
- **Implant supported restorations** rather than placing bridges. This option often eliminates the need to prepare teeth for crowns that do not otherwise need crowns.

I UNDERSTAND that complications arising from crowns and bridges may include, but are not limited to, the following:

- **Following crown or bridge preparation, the involved tooth or teeth may require root canal therapy:** Exposure of the nerve of the tooth during removal of an existing restoration, removal of decay, or in shaping the tooth for a crown or bridge. Root canal therapy would be required to prevent pain and/or infection. Sometimes, even without the nerve becoming exposed, the tooth may become painful or uncomfortable after the tooth preparation. The onset of symptoms may come the next day, next

week, next month, next year, or in the distant future if the pulp has been insulted enough from previous restorations, decay, trauma and drilling.

- **Tooth with insufficient tooth structure to support a crown:** Sometimes a root canal is accomplished so that a post and core can be placed in the root canal space. The root of the tooth may become perforated during the fabrication of the post in which case the tooth may require extraction. The root of the tooth may fracture (split) during the root canal procedure or fabrication of the post. If this occurs, the tooth may require extraction.
- **Cracked tooth syndrome:** Most teeth that crack already have a large restoration, multiple restorations, large area of decay, or decay around an existing restoration. Sometimes chewing on ice, hard lollies, etc. can cause a tooth without any fillings or decay to fracture. In many cases, the crack in your tooth cannot be seen. However, when you bite down on the tooth, the crack is microscopically opened. In most cases, it is impossible to tell how far down into the tooth the crack goes. 90% of cracked teeth are successfully solved with a crown. Approximately 9% require a root canal in addition to the crown because the crack has gone down into the nerve. The remaining 1% of the teeth are not restorable and must be extracted because the crack has gone down into the root, but this cannot be determined in most of these cases until after the crown and root canal have been performed.
- **Postoperative temperature sensitivity may be present.**
- **Aesthetics or appearance:** The crown may feel different in shape and sometimes it is not possible to match the colour of natural tooth with artificial tooth.
- **Recurrent decay:** Crowns require continual care, brushing and flossing. Decay can occur around the margins of the crown if the tooth is not cared for properly. It is the patient's responsibility to maintain good oral hygiene habits at home and to have regular dental checkups.
- **Breakage:** Crowns and bridges may possibly chip or break. Many factors can contribute to this situation such as chewing excessively hard materials, changes in biting forces exerted, traumatic blows to the mouth, etc. Unobservable cracks may develop in crowns from these causes, but crowns/bridges may not actually break until chewing soft foods, or for no apparent reason. Breakage or chipping seldom occurs due to defective materials or construction unless it occurs soon after placement.
- **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. Because of this, no guarantees can be made or assumed to be made.
- **It is the 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/bridge to fit properly and an additional fee may be assessed.**

INFORMED CONSENT: I will read the "Crowns and Bridges" brochure provided to me. 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 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 this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. Brant Law and/or his/her associates to render treatment pertaining to crown and bridge prosthetics considered necessary and/or advisable to my dental conditions.

Tooth No(s):

Estimated cost:

Signature of Patient/Parent/Guardian/other

Mr Stephen Wong

Signature of dentist

Dr Stephen Wong