

## Patient consent for Crown Restoration

A crown restoration has been recommended for me on the following tooth (teeth): \_\_\_\_\_

Crown restorations cover and protect teeth that have been weakened by decay, prior restorations, or root canal treatment. Crowns can also be placed to change the bite or for cosmetic purposes. Crowns require at least two visits to complete treatment. At the first visit, the dentist uses the drill to reduce the size of the tooth. This makes room for the crown itself to fit on the remaining stump of tooth, called the preparation. After the drilling is complete, an impression, or mold, is made using a rubbery material. A plastic temporary crown is held on the tooth with temporary cement while the crown restoration is being made by a dental laboratory. It is important to return for the cementation of the new crown as soon as it is ready in order to reduce the chance of re-decay or other problems.

The intended benefit of a crown restoration is to replace missing natural tooth structure and restore the tooth to normal function. The crown restoration may also relieve current symptoms of discomfort I may be having.

Alternatives:

Depending on my diagnosis, there may or may not be alternatives to a crown restoration that involve other types of dental care. I understand possible alternatives to be:

- Other restorative alternatives, such as onlay, inlay, veneer, or amalgam (silver) or tooth colored filling.
- Extraction. I may choose to have the tooth (teeth) removed. Usually replacement by an artificial means of fixed bridge, dental implant, or removable partial denture is required.
- No treatment. I understand my condition may worsen and I may risk serious personal injury, including severe pain, localized infection, loss of this tooth and potentially other teeth, severe swelling, and/or severe infection.

Risks of crown preparation:

I have been informed and fully understand that there are certain inherent and potential risks associated with crown restorations. I understand that the nerve inside my tooth may be irritated by treatment and I may experience pain or discomfort during and/or after treatment. My tooth may become more sensitive to hot and cold liquids and foods. I understand that root canal treatment may become necessary at any point during or after treatment and may not be avoidable. I understand that a crown restoration may not relieve my symptoms. I understand that once prior fillings and decay are removed, it may reveal a more severe condition of my tooth, which may require root canal treatment, or may require extraction. I understand that I may notice slight changes in my bite, including stiff and sore jaws during and for several days from keeping my mouth open. I understand that there may be injury to my gums adjacent to the tooth. The gums may recede after completion of the crown. Poor eating habits, oral habits (smoking, fingernail biting, etc.) and poor oral hygiene will negatively affect how long my crown lasts. I understand I will be given a local anesthetic injection and in rare instances patients have had an allergic reaction to anesthetic, and adverse medication reaction to the anesthetic, or temporary or permanent injury to nerves and/or blood vessels from the injection. My jaw may be stiff and sore from the injections following treatment. I understand that once a crown restoration is started, I must promptly return to have the crown finished. If I fail to return, I risk decay, the need for root canal treatment, tooth fracture and loss of the tooth.

Acknowledgement:

I realize that in spite of the possible complications and risks, my recommended crown restoration is necessary. I am aware that the practice of dentistry is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of the treatment. I have had the opportunity to ask questions about these risks and any other risks I have heard or thought about.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_