

Patient Consent for Fixed Bridge Restorations

A Fixed Bridge restoration has been recommended for me on the following teeth: _____

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

The intended benefit of a fixed bridge restoration is to replace a missing natural tooth and restore the mouth to normal function.

Alternatives:

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

- Dental implant placement.
- A removable partial denture.
- 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 Fixed Bridge Preparation:

I have been informed and fully understand that there are certain inherent and potential risks associated with bridge 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 bridge 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 bridge. Poor eating habits, oral habits (smoking, fingernail biting, etc.) and poor oral hygiene will negatively affect how long my bridge lasts.

I understand I will be given a local anesthetic injection and in rare instances, patients have had an allergic reaction to the anesthetic, an adverse medication reaction to the anesthetic, or temporary or permanent injury to nerves and/or blood vessels from the injections. My jaw may be stiff and sore from the injections following treatment.

I understand that once a fixed bridge 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 the loss of teeth.

Acknowledgement:

I realize that in spite of the possible complications and risks, my recommended fixed bridge 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: _____

Signed: _____ Date: _____ (Witness)