

**Consent for Crowns and Bridges**

**Name of procedure and justification for course of treatment**

Crown for the following tooth/ teeth;

Due to:

**Intended benefits of treatment may include the following**

- Provide the best possible protection to a heavily broken down/restored tooth.
- May improve shape and/or colour of the tooth.

**Other treatment required / may be required for the tooth**

Root canal: YES

Post: YES/NO

Core: YES/NO

**Possible risks associated with procedure**

**During procedure:**

- Inability to gain numbness of the tooth.
- Tooth may break or fracture, this may render the tooth unrestorable.
- Extraction of the tooth at any point should the tooth be deemed unrestorable.

**Between visits/ after procedure**

- It is possible that if a tooth was first alive before the treatment, that it may devitalise (17% of cases) which means the nerve dies. If this occurs, you may experience sensitivity or pain and may develop an abscess. Should this occur, the tooth would need a root canal/ extraction.
- Fracture of the tooth which may result in the tooth needing extraction.
- Temporary (6-12months) /permanent altered sensation or numbness of the teeth, lip, chin, tongue and gums following administration of local anaesthetic.

**Other things to consider**

- It is important to have immaculate oral hygiene, good diet and regular attendance to reduce risk of failure of the crown.
- Crowned teeth are at risk of failure due to tooth decay or if bone support is lost due to gum disease. In which case teeth may need re-crowning/extraction.
- Your gums and bone change shape over time. This may mean the margin of your crown may become less aesthetic over time. In which case your tooth may need re-crowning.
- If you are having a porcelain (white crown) it is possible that the porcelain may chip, in which case a new crown may need to be made at an additional cost.
- No treatment is guaranteed to last a lifetime.

**Statement of Patient**

I agree to the procedure as described above. I understand the information given. I understand that any procedure in addition to those described on this form will only be carried out if is necessary to save my life or prevent serious harm to my health. I have been told about additional procedures which may become necessary during my treatment. I have been given the opportunity to ask questions and these questions have been discussed and answered by the clinician.

Patient Signature:

Date:

Clinicians Signature:

Date: