All Smiles Family Dental 537 E Dundee Rd, Palatine, IL 60074 Ph. 847-907-0585

Informed consent for crown and bridge prosthetics

Patient	t's Name (PLEASE PRINT)	Date
unsucces bridgewo	been advised of and understand that treatment of dental conditions requiring crowns and/or fixed bridgewor assful results, including the possibility of failure. Even when care and diligence is exercised in the treatment or and fabrication of the same, there are no promises or guarantees of anticipated results or the length of time. I agree to assume the risks associated with crowns and/or fixed bridgework, which include but are not limited.	nt of conditions requiring crowns and me the crown and/or fixed bridgework
1.	Reduction of tooth structure To replace decayed or otherwise traumatized teeth, it is necessary to modify the existing tooth or teeth so be placed upon them. Tooth preparation will be done as conservatively as practical, but I understand that tooth structure will be removed.	
2.	Numbness following use of anesthesia In preparation of teeth for crowns or bridges, anesthetics are usually needed. As a result of the injection o be swelling, jaw muscle tenderness or even a resultant numbness of the tongue, lips, teeth, jaws and/or for in rare instances, such numbness may be permanent.	
3.	Sensitivity of teeth Often, after the preparation of teeth for the reception of either crowns or bridges, the teeth may exhibit mil may last only for a short period of time or for a much longer period. If it is persistent, notify us so th sensitivity and seek to treat that condition.	
4.	Crown or bridge abutment teeth may require root canal treatment After being crowned, teeth may develop a condition known as pulpitis or pulpal degeneration. The toot from an accident, deep decay, extensive preparation for the crown or bridge, or from other causes. I treatments on the affected teeth. If teeth remain sensitive for long periods of time following crowning, runfrequently, the tooth or teeth may abscess or otherwise not heal, which may require root canal treatment.	t may be necessary to do root canal oot canal treatment may be necessary.
5.	Breakage Crowns and bridges may chip or break. Many factors can contribute to this situation, including chewing biting forces, traumatic blows to the mouth, etc. Undetectable cracks may develop in crowns from themselves may not actually break until sometime later. Breakage or chipping because of defective n uncommon. If it does occur, it usually occurs soon after placement.	these causes, but the crowns/bridges
6.	Uncomfortable or strange feeling Crowns and bridges are artificial and therefore feel different from natural teeth. Most patients become ac limited situations, muscle soreness or tenderness of the temporomandibular joint (TMJ) — jaw joint — r of time, following placement of the prosthesis.	
7. 8.	Aesthetics or appearance Patients will be given the opportunity to observe the appearance of crowns or bridges in place, prior to this fact is usually acknowledged by an entry into the patient's chart, initialed by the patient. Longevity of crowns and bridges	final cementation. While satisfactory,
0.	Many variables determine how long crowns and bridges can be expected to last. Among these are s preceding paragraphs, including the general health of the patient, oral hygiene, regular dental checkups a be made or assumed to be made regarding the longevity of the crowns or bridges.	
all instru	atient's responsibility to seek attention from the dentist should any undue or unexpected problems occur. The uction, including the scheduling of and attendance at all appointments. Failure to keep the cementation appointments to literate to keep the cementation appointments to literate to keep the cementation appointments.	
Informe	ed consent_	
I have been given the opportunity to ask any questions regarding the nature and purpose of crowns and/ or bridge treatment, and have received answers to my satisfaction. I voluntarily accept any and all risks, including those listed above and including the risk of substantial harm, if any, which may be associated with any phase of this treatment, in hopes of obtaining the desired results, which may or may not be achieved. By signing this document, I am freely giving my consent to allow and authorize the doctor and his/her associates to render any treatment necessary and/or advisable to my dental conditions, including the prescribing and administering of any medications and/or anesthetics deemed necessary to my treatment		
TOOTH #/s		

Date

Patient's or Guardian's Signature