HEALTHY SMILES
INFORMED CONSENT FOR CROWN AND BRIDGE

We are concerned not only about your dental health and treatment needs, but also your right as a patient to make the treatment decision that is right for you. Our commitment to you is to provide you with detailed and complete information about your dental needs as we diagnose them. We will share our diagnostic processes with you, and we invite and welcome all of your questions regarding our work with you.
Towards this aim of a full, mutual sharing of information, we feel it is important to advise you of the reasonably foreseeable risks of therapy. The following is important information you need to have in making decisions about your treatment.

I, the undersigned have been informed that my tooth (teeth) requires a CROWNS and/or FIXED BRIDGEWORK and that I fully understand the following:

1. **Reduction of tooth structure**: In order to replace decayed or otherwise traumatized teeth, it is necessary to modify the existing tooth or teeth so that crowns (caps) and/or bridges may be placed upon them. Tooth preparation will be done as conservatively as practical.

2. **Numbness following use of Anesthesia**: In preparation of teeth for crowns or bridges, anesthetics are usually needed. As a result of the injection or use of anesthesia, at times there may be swelling, jaw muscle tenderness or a resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues which is usually temporary.

3. **Sensitivity of teeth**: Often, after the preparation of teeth for crowns or bridges, the teeth may exhibit sensitivity. It may be mild to severe. This sensitivity may last only for a short period of time or may last for much longer periods. If it is persistent, notify us so that we can determine the cause of the sensitivity and seek to treat the condition. Please contact us at 44420800 or 4444689 or call/sms at 9813256372 or e-mail us at info@smilenepal.com.

4. **Crowned or bridge abutment teeth may require root canal treatment**: After being crowned, teeth may develop a condition known as pulpitis or pulpal degeneration. It may be necessary to do root canal treatments on the effected teeth. If teeth remain sensitive for long periods of time following crowning, root canal treatment may be necessary.

5. **Breakage**: Crowns and bridges may chip or break. Many factors could contribute to this situation such as chewing excessively hard materials, change in biting forces, traumatic blows to the mouth, etc. Undetectable cracks may develop in crowns from these causes, but the crowns/bridges themselves may not actually break until sometime later. Breakage or chipping due to defective materials or construction is somewhat uncommon and if it occurs, usually occurs soon after placement.

6. **Uncomfortable or strange feeling**: Crowns and bridges are artificial and will therefore feel different from natural teeth. Most patients usually become accustomed to this feeling over time.
7. **Aesthetics or appearance:** You will be given the opportunity to observe the appearance of crowns or bridges in place prior to final cementation. When satisfactory, this fact is usually acknowledged by an entry into the patient’s chart initialed by patient.

8. **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 are the general health of the patient, oral hygiene, regular dental checkups, and diet.

   It is a 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 of and attendance at all appointments. Failure to keep the cementation appointment can result in ultimate failure of the crown/bridge to fit properly.

I have been given the opportunity to ask any questions regarding the nature and purpose of crowns and/or bridges and have received answers to my satisfaction. The fee(s) for this service have been explained to me and are satisfactory. By signing this document, I am freely giving my consent to allow and authorize Dr.______________ to render any treatment necessary and advisable to my dental condition including prescribing and administering any and all anesthetics and/or medications.

__________________________________________                   _________________________
Name of Patient (or Parent)                                                                                             Date

__________________________________________                     _________________________
Signature of Patient (or Parent)                                                                                   Tooth No.(s)___________

Witness to signature