

**INFORMED CONSENT FOR
RESTORATIONS, CROWNS AND BRIDGES**

This is my consent for _____ to perform the following procedure/treatment,

I understand the purpose of the procedure is to treat and possibly correct my diseased oral/maxillofacial tissue. I have been advised that if this condition persists without treatment, my present oral condition may worsen in time, but not be limited to the following:

Swelling*Pain*Infection*Caries*Cyst(s)*Malocclusion*
Separation of teeth*Premature loss of teeth*Premature bone loss

The doctor has informed me, if any, of alternatives which includes, but not limited to:

- A. Postoperative discomfort and swelling.
- B. Injury to the nerve underlying the teeth resulting in numbness or tingling of the lip, chin, gums, cheek, and/or tongue. This feeling may persist temporarily or in some cases, permanently. (This relates to necessary local anesthesia.)
- C. Root Canal Therapy may be necessary for teeth that have become sensitive to fillings and/or crowns.
- D. Discoloration of the gum tissue.
- E. Inability to perfectly match natural enamel with porcelain restorations.
- F. Inability to eliminate spaces between teeth.
- G. Other _____

I understand the treatment must be completed in a timely manner to assure a good fit for crown/bridge work. Otherwise teeth may shift and cause the crown/bridge to fit improperly. We are not responsible for temporary crowns on lab work over 90 days from the last visit. Restorative work must also be completed in a timely manner to prevent additional decay from tooth/teeth.

No guarantee by the doctor can be given, to assure complete satisfaction or cure of the proposed treatment. Due to individual patient differences there exists a risk of failure, relapse, selective retreatment, and/or the present condition deteriorating, despite the care provided. However, it is the clinical judgment of the doctor that therapy would be helpful, and if not treated, the condition of my tooth/teeth would deteriorate sooner than without the recommended treatment.

I have read and understand the foregoing, and I have had the opportunity to discuss any questions I may have regarding the foregoing with my treating dentist:

PATIENT _____ DATE _____

DOCTOR _____ DATE _____

WITNESS _____ DATE _____