



# COPPER CANYON DENTISTRY

MARK A. POITRAS, DDS

*Patient-centered dentistry, where your comfort comes first*

## Discussion and Informed Consent for Bridge(s)

### Facts for Consideration/Patient's initials required

\_\_\_\_\_ A bridge is an appliance (prosthesis) usually composed of a metal framework, artificial teeth, and porcelain material which is used to fill in the spaces created by missing teeth and restrict other teeth from shifting. A bridge is a fixed appliance (prosthesis) that requires at least one tooth on each side of the space to be filling (one or more missing teeth) that will undergo modification for the placement of crowns by serving as abutments or "anchors" for the bridge.

\_\_\_\_\_ Treatment of teeth may involve restoring damaged areas of the tooth above and below the gumline with a bridge.

\_\_\_\_\_ Restoring of a tooth with a bridge will require two phases: 1) preparation of the teeth, making an impression or mold, (which is used for fabrication of the final bridge), sent to the lab, then construction and temporary (interim) bridge; and later 2) removal of the temporary (interim) bridge, adjustment, and cementation of the permanent bridge after esthetics and function have been verified and accepted.

\_\_\_\_\_ I understand that once a temporary (interim) bridge has been placed, it is essential to return to have the permanent bridge placed as the temporary bridge is not intended to function as well as the permanent bridge. If the temporary bridge breaks or comes loose or if the tooth is uncomfortable, this should be reported to the dentist immediately. Failing to replace the temporary (interim) bridge can result in infections, problems with my bite, and loss of the tooth/teeth.

### Benefits of Bridge(s), Not Limited to the Following:

\_\_\_\_\_ I understand that a reasonable esthetic appearance may be achieved.

\_\_\_\_\_ Establish occlusal or "chewing" surface with opposing teeth. It may serve to reduce or restrict the drifting or movement of opposing teeth caused by a missed tooth.

\_\_\_\_\_ A bridge is typically used to close a space or gap between teeth without the need for surgery.

\_\_\_\_\_ Crowns may be used for the purpose of improving the appearance of damaged, discolored, misshapen, malaligned, or poorly spaced teeth.

### Risks of Bridge(s), Not Limited to the Following:

\_\_\_\_\_ I understand that preparing teeth for a bridge may further irritate the nerve tissue (called the pulp) in the center of the tooth, leaving my tooth feeling sensitive to hot, cold, or pressure. Such sensitive teeth may require additional treatment including endodontic or root canal treatment.

\_\_\_\_\_ I understand that holding my mouth open during treatment may temporarily leave my jaw feeling stiff or sore and make it difficult for me to open wide for several days, sometimes referred to as trismus. However, this can occasionally be an indication of a more significant condition or problem. In the event this occurs, I must notify this office if I experience persistent trismus or other similar concerns arise.

\_\_\_\_\_ I understand that a bridge may alter the way my teeth fit together and make my jaw joint feel sore. This may require adjusting my bite by altering the biting surface of the bridge or adjacent teeth or even the opposing teeth.

\_\_\_\_\_ I understand that the margin (edge or base) of a crown is usually near the gumline, which is an area prone to gum irritation, infection, or decay. Proper brushing and flossing at home, a healthy diet, and regular professional cleanings are some preventative measures essential to helping control these problems.

\_\_\_\_\_ I understand that all medications have the potential for accompanying risks, side effects, and drug interactions. Therefore, it is critical that I tell my dentist of all medications I am currently taking and any medical conditions I may have. I attest that my medical history is up to date and accurate so that my dentist may ensure my safety during the procedure.

\_\_\_\_\_ I understand that every reasonable effort will be made to ensure the success of my treatment. There is a risk that the procedure will not save the tooth and therefore success is not guaranteed.

### **Use of Local Anesthesia**

\_\_\_\_\_ Anesthetizing agents (medications) are injected into a small area with the intent of numbing the area to receive dental treatment. They also can be injected near a nerve to act as a nerve block causing numbness to a larger area of the mouth beyond just the site of injection.

\_\_\_\_\_ Risks include but are not limited to: It is normal for the numbness to take time to wear off after treatment, usually four to six hours. This can vary depending on the type of medication used. However, in some cases, it can take longer, and in some rare cases, the numbness can be permanent if the nerve is injured. Infection, swelling, allergic reactions, discoloration, headache, tenderness at the needle site, dizziness, nausea, vomiting, and cheek, tongue, or lip biting can occur.

\_\_\_\_\_ Potential benefits: The patient remains awake and can respond to directions and questions. Pain is lessened or eliminated during the dental treatment.

\_\_\_\_\_ For ALL female patients: Because anesthetics, medications and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion, every female must inform the provider if she could be or is pregnant. Anesthetics, medications and drugs may affect the behavior of a nursing baby. In either of these situations, the anesthesia and treatment may be postponed.

### **Consequences if No Treatment is Administered; Not Limited to the Following:**

\_\_\_\_\_ I understand that if no treatment is performed, I may continue to experience symptoms which may increase in severity, and could lead to decay, gum disease, infections, problems with my bite, and loss of the tooth/teeth. I also understand with no treatment the cosmetic appearance of my teeth may continue to deteriorate.

**Alternatives to Bridge(s);**Not Limited to the Following:

\_\_\_\_\_ I understand that depending on the reason I have a bridge placed, alternatives may exist including the replacement of missing teeth with implants, (or removable types of restorations). I have asked my dentist about them and their respective expenses. My questions have been answered to my satisfaction regarding all of the procedures and their risks, benefits, and costs.

No guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the conditions listed above.

Initial only one of the spaces below that applies to you:

\_\_\_\_\_ I have had my questions answered to my satisfaction. I consent to have Dr. Mark Poitras perform the treatment as discussed. I authorize and direct this dentist, with his associates, to do whatever they deem necessary and advisable under the circumstances.

Or

\_\_\_\_\_ I refuse to give my consent for the proposed treatments(s) as described above and understand the potential for consequences associated with this refusal.

\_\_\_\_\_  
Patients Signature (or Patient's Representative)      Date

\_\_\_\_\_  
Patients Signature (or Patient's Representative)      Date

\_\_\_\_\_  
Patients Signature (or Patient's Representative)      Date

\_\_\_\_\_  
Patients Signature (or Patient's Representative)      Date