



Discussion and Informed Consent for Crown(s)

Facts for Consideration/Patient's initials required

- _____ Treatment of teeth may involve restoring damaged areas of the tooth above and below the gumline with a crown.
- _____ Restoration of a tooth with a crown will require two phases: 1) preparation of the tooth, making an impression or mold, (which is used for fabrication of the final crown), sent to the lab, then construction and temporary (interim) crown; and later 2) removal of the temporary (interim) crown, adjustment, and cementation of the permanent crown after esthetics and function have been verified and accepted.
- _____ I understand that once a temporary (interim) crown has been placed, it is essential to return to have the permanent crown placed as the temporary crown is not intended to function as well as the permanent crown. If the temporary crown breaks or comes loose or if the tooth is uncomfortable, this should be reported to the dentist immediately. Failing to replace the temporary (interim) crown with the permanent crown could lead to decay, gum disease, infections, problems with my bite, and loss of the tooth/teeth.

Benefits of Crown(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 crown is typically used to strengthen and restore a tooth damaged by decay, fracture, or previous fillings (restorations). It can also serve to protect a tooth that has had root canal treatment and improve the way your other teeth fit together.
- _____ Crowns may be used for the purpose of improving the appearance of damaged, discolored, misshapen, malaligned, or poorly spaced teeth.

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

- _____ I understand that preparing a tooth for a crown 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 crown 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 crown 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 areas 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 there is a risk of aspirating or swallowing crown(s) during treatment.

_____ 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 may 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 are 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 Crown(s), are Not Limited to the Following:

_____ I understand that depending on the reason I have a crown 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

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