



CROWN AND BRIDGE CONSENT FORM

Dental crowns are restorations that cover or cap teeth, restoring them to their natural size, shape, and color. A crown not only helps with appearance, but can strengthen a tooth as well.

As with all procedures, there are certain potential risks associated with crowns and bridges. These include, but are not limited to:

- Reduction of tooth structure
- Sensitivity of teeth
- Crowned or bridge abutment teeth may require root canal treatment
- Breakage
- Esthetics or appearance: You will be given the opportunity to observe the appearance of crowns or bridges in place prior to final cementation.
- Longevity of crowns and bridges: There are many variables that determine how long crowns and bridges can be expected to last. General health, good oral hygiene, regular dental checkups, diet, etc., can affect longevity. Because of this, no guarantees can be made or assumed to be made.
- You may notice slight changes in your bite. I understand that during and for several days following treatment I may experience stiff and sore jaws from keeping my mouth open.
- Recession
- Food impaction may occur under a bridge. Meticulous home care is required.
- I understand that once a crown restoration is started, I must promptly return to have the crown finished. If I fail to return to have the crown finished, I risk decay, the need for root canal treatment, tooth fracture and loss of the tooth.
- I further understand that I may be wearing temporary crowns for several weeks, which may come off and I must be careful to ensure that they are kept on until the permanent crowns are delivered.

I understand that like natural teeth, crowns and bridges need to be kept clean with proper oral hygiene and periodic professional cleanings, otherwise decay may develop underneath and/or around the margins of the restoration, leading to further dental treatment and possible replacement of the crown(s) and/or bridge.



I have been given the opportunity to ask any questions regarding the nature and purpose of crown and /or bridge treatment and have received answers to my satisfaction. I understand the risks including those as listed above, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results. No guarantees or promises have been made to me concerning the results. The fee(s) for service have been explained to me and are satisfactory.

Signature: _____

Date: _____