



CROWN AND BRIDGE CONSENT FORM

I have been made aware of my condition requiring a crown and/or bridge therapy on tooth/
teeth #'s: _____.

I am aware that the practice of dentistry is not an exact science, and no guarantees have been
made to me concerning the results of the procedure.

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

- The potential need for root canal therapy: the need for root canal therapy may become apparent during a crown preparation, or after a crown is made.
- Food impaction may occur under a bridge- this may be an unavoidable condition. Meticulous home care is required.
- Crowns should usually be completed within one month. Failure to keep appointments (resulting in wearing the temporary crown for longer) can lead to gum disease, tooth loss, or a need to redo the crown at additional cost.
- 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 sometimes it is not possible to match the color of natural teeth exactly with artificial teeth.
- I realize the final opportunity to make changes in my new crown (cap), or bridge, including shape, fit, size, and color will be before permanent cementation. After permanently cementing crowns and/or bridges, NO changes can be made.
- 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.

In this office all of the doctors place additional efforts to insure the longevity and quality of crowns and bridges. We want you to be happy with the treatment you receive here.

Signature: _____ Date: _____