



Informed Consent for Crown/Bridge Procedure

Patient: _____ Date: _____

This is my consent for Dr. _____ and/or any staff member working with him/her to perform the following treatment/procedure/surgery: _____ as previously explained to me.

I am being provided this information and consent form so I may better understand the treatment recommended for me.

After the restoration is placed in the mouth, it is not unusual for the teeth receiving the new crowns to be mildly sensitive to extreme temperatures for several days following the treatment. If the sensitivity is severe, or if your bite feels uncomfortable you should contact our office because further adjustments to the bridge or the crown might be necessary. It is also common for your gums to be a little sore/sensitive.

One problem that can occur between the two procedures is a loosening of the temporary crown. If this should happen to you, place the crown back on your tooth immediately and as soon as possible call for an appointment to have the temporary crown refitted. It is important to act quickly as the surrounding teeth might move, significantly affecting the final restoration.

The placement of any restorative fixture in the mouth brings a risk of breakage, especially if care is not taken to avoid chewing things such as ice, popcorn kernels, or olive pits. There is also a risk after your first crown/bridge visit that there may be a chance that the tooth require root canal therapy.

If you have any questions concerning your crown or bridge procedures please do not hesitate to contact our office at the above number.

Patient, Parent or Guardian

Date

Witness

Date

Dentist

Date