

Informed Consent for Crowns and Veneers

Patient Name _____ Tooth# _____ Date _____

Treatment involves restoring damaged areas of the tooth above and below the gum line with a crown. In some cases, however, it may be necessary to place a temporary crown and schedule a second appointment. Restoration of a tooth with a crown may require two phases: 1) preparation of the tooth, an impression to send to the lab, and construction and temporary cementation of a temporary crown; and later, 2) removal of the temporary crown, adjustment and cementation of the completed crown when esthetics and function have been verified.

If it is determined that a temporary crown should be placed, it is essential to return to have the new crown placed as soon as it is ready because the temporary crown is not intended to function as well as the permanent crown. Failing to replace the temporary crown with a completed one could lead to decay, gum disease, infections, problems with your bite, and even loss of the tooth.

Anterior (front tooth) veneer treatment involves removing less tooth structure than a crown preparation. It is irreversible because part of the tooth's enamel must be removed.

Risks of Crowns and Veneers, Not Limited to the Following:

I understand that preparing a damaged tooth may further irritate the nerve tissue (called the pulp) in the center of the tooth, leaving my tooth feeling sensitive to heat, 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 and sore and may make it difficult for me to open wide for several days. This can occasionally be an indication of a further problem. I must notify your office if this or other concerns arise.

I understand that a crown or veneer 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 veneer or adjacent teeth.

I understand that the edge of a crown is usually near the gum line, which is in 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 there is a risk of swallowing the crown or veneer during treatment.

I understand that I may receive a local anesthetic and/or other medication. In rare instances patients may have a reaction to the anesthetic, which could require emergency medical attention, or find that it reduces their ability to control swallowing. This increases the normal chance of swallowing foreign objects during treatment. Depending on the anesthesia and medications administered, I may need a designated driver to take me home. Rarely, temporary or permanent nerve injury can result from an injection. 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.

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.

I understand that if no treatment is performed, I may continue to experience symptoms which may increase in severity, and the cosmetic appearance of my teeth may continue to deteriorate.

I understand that depending on the reason I have a crown or veneer placed, alternatives may exist. I have asked

Dr. _____ about them and their respective expenses. My questions have been answered to my satisfaction regarding 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 condition(s) listed above.

PATIENT CONSENT

I, (print name) _____, consent to the crown and/or veneer preparation and placement as described by Dr. _____ on pages 1 and 2 of this form.

Patient's Signature

Date

I attest that I have discussed the risks, benefits, consequences, and alternatives of crowns and veneers with this patient and/or his or her guardian who has had the opportunity to ask questions, and I believe my patient understands what has been explained.

Dr's Name

Date

Witness' Signature

Date