

DENTISTRY OF PALO ALTO

ELLIOT SINGER DMD | MARC TULLY DMD

INFORMED CONSENT AND AGREEMENT - CROWNS

We are recommending a crown to restore the damaged areas of the tooth/teeth specified in "Diagnosis." A crown is typically used to strengthen a tooth damaged by decay, fracture, or previous restorations. It can also serve to protect a tooth that has had root canal treatment from fracturing. Crowns are also used for the purpose of improving the appearance of damaged, discolored, misshapen, malaligned, or poorly spaced teeth.

You should be aware that any restorative treatment has limitations, inconveniences, and potential risks that you should consider before undergoing treatment. Be sure to ask about anything that you do not completely understand, and make sure that you know exactly what is required of you as the patient (or as the parent/guardian of a patient) during treatment.

Procedure

Restoration of a tooth with a crown requires two phases:

Phase I: Preparation of the tooth, impression sent to the lab, construction and temporary cementation of a temporary crown.

Phase II: Removal of the temporary crown, adjustment and cementation of the permanent crown after esthetics and function have been verified and accepted.

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.

- I understand that every reasonable effort will be made to ensure the most conservative option will be performed.
- I understand that preparing a damaged tooth for a crown may further irritate the dental pulp (nerve), leaving my tooth feeling sensitive to heat, cold, or pressure. Such sensitive teeth may require additional treatment including endodontic 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. This can occasionally be an indication of a further problem. I must notify the office if this or other 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, adjacent teeth and/or antagonist 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 that failure to replace the temporary crown with the permanent crown could lead to decay, gum disease, infections, bite problems, and even tooth loss.
- I understand that there is a risk of aspirating or swallowing the crown during treatment.
- I understand that I may receive a local anesthetic and/or other medication for treatment. 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 the 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 placed, alternatives may exist. I have asked my dentist about them and their respective expenses. My questions have been answered to my satisfaction regarding the procedures and their risks, benefits, and costs.

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Patient Name: _____ Date: _____

Diagnosis/Condition: _____

No guarantee or assurance has been given to me by anyone that the proposed treatment will cure or improve all of my dental conditions. I have read and I understand the information set forth in this consent agreement. I have had my questions answered to my satisfaction.

- I give my consent for the proposed treatment as described above.
- I refuse to give my consent for the proposed treatment as described above and I understand the potential consequences associated with this refusal.

Patient's Signature _____ Date _____

I attest that I have discussed the risks, benefits, consequences, and alternatives to crowns with the patient, who has had the opportunity to ask questions. I believe my patient understands what has been discussed and explained.

Dentist's Name _____ Dentist's Signature _____ Date _____

Witness's Name _____ Witness's Signature _____ Date _____