



INFORMED CONSENT PROSTHODONTIC TREATMENT-FIXED

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. A fixed, or stationary bridge is designed to replace teeth that have been lost. Missing teeth may need to be replaced for appearance or to prevent or correct bite and gum problems related to shifting or stressed teeth. Sometimes a crown covering the entire tooth is not necessary and an inlay, onlay or porcelain laminate is required. An inlay restores the chewing part of tooth without cover the cusps; an onlay restores the chewing part including the cusps; and a porcelain laminate covers the front part of a tooth.

Dental crowns and bridges are made of porcelain or acrylic and usually have an inner layer of metal. Some may be made of metal alone. Dental inlays and onlays can be made of porcelain or metal; porcelain laminates are made without metal.

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

1. Potential need for root canal therapy. The cumulative effects of cavities, fillings and cracks in teeth may necessitate a root canal. The need for a root canal may become apparent during a crown preparation, or after a crown is made.
2. Periodontal (gum) disease can occur at any age, with or without crowns and bridges. Generally speaking crowns and bridges do not create or prevent gum disease.
3. Fractures to the porcelain may occur after placement. Small fractures may be repaired; large fractures may require a new crown or bridge.
4. Dark lines at the gumline may appear on crowns or fixed bridges. This is the metal edge of the crown. If the gum recedes after placement, this metal will show. Sometimes this can be corrected, other times a new crown or bridge might be needed.
5. Recurrent tooth decay can occur after placement. This may be corrected with a filling or a new crown or bridge might be needed.
6. Food impaction may occur under a bridge – this may be an unavoidable condition. Meticulous home care required.



7. Temporomandibular Joint Dysfunction may occur due to changes in the bite following crowns and bridges. This can be usually corrected, but in rare occasions may cause symptoms requiring extensive treatment.

I understand the recommended treatment, the risks of such treatment, any alternatives have been explained to me and the risks of these alternatives, the consequences of doing nothing about my condition and the fee(s) involved.

Fees:

Bridge:	\$	_____
Crown:	\$	_____
Buildup:	\$	_____
Post & Core:	\$	_____
Other:	\$	_____
Total:	\$	_____

Tooth Number: _____

Shade Number: _____

Patient Signature: _____

Date: _____