



## Informed Consent Form for Dental Crown Placement

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Procedure Description:

This consent form is to confirm that I, \_\_\_\_\_ [Patient's Name], understand that I am undergoing a procedure for the placement of a dental crown. This procedure involves reshaping the tooth and placing a custom-made crown over it to restore its shape, strength, appearance, and function.

### Potential Benefits:

1. Restoration of a damaged or decayed tooth.
2. Enhancement of tooth strength and functionality.
3. Improvement in the cosmetic appearance of the tooth.
4. Protection of the underlying tooth from further damage or decay.

### Risks and Complications:

I acknowledge and understand that the procedure, like all dental procedures, involves risks and potential complications including, but not limited to:

1. **Tooth Sensitivity or Pain:** Temporary or, in rare cases, long-term sensitivity to temperature, pressure, or sweets.
2. **Gum Tissue Reaction:** Inflammation or discomfort around the gums.
3. **Improper Fit or Aesthetics:** The crown may require adjustment if the fit is not perfect or the appearance is not as desired.
4. **Crown Failure:** The crown may become loose, chip, or break and require re-cementing, repair, or replacement.
5. **Tooth Damage:** Rare possibility of damage to the underlying tooth, including the need for root canal treatment.

### Alternatives to Dental Crown Placement:

I understand that alternatives to dental crown placement may include:

1. Dental fillings or onlays, if the tooth structure permits.
2. Dental veneers, for more cosmetic concerns.
3. Tooth extraction, followed by replacement options such as a bridge or implant.
4. No treatment, accepting the consequences of a weakened or damaged tooth.





### Consent:

I confirm that the dentist has explained the dental crown placement procedure, its risks, benefits, and alternatives to me, and has answered all my questions. I understand that no guarantees or assurances have been made to me concerning the results of this procedure. I consent to undergo the placement of a dental crown as explained to me.

I also consent to the administration of local anesthetics and any other medications deemed necessary during the procedure. I understand the importance of maintaining good oral hygiene practices and regular dental check-ups following the procedure.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Dentist's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

