



Informed Consent Form for Dental Bridge 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 bridge. This procedure involves preparing the adjacent teeth (abutments) and placing a custom-made bridge, which consists of false tooth/teeth (pontics) anchored by crowns fitted on the abutment teeth.

Potential Benefits:

1. Restoration of dental function and aesthetics.
2. Improvement in chewing ability and speech.
3. Prevention of remaining teeth from drifting out of position.

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 or discomfort.
2. **Damage to Adjacent Teeth:** The abutment teeth may become weakened over time.
3. **Gum Disease:** Risk of gum disease around the bridge if not properly maintained.
4. **Decay of Abutment Teeth:** If the crown portion of the bridge does not fit well, decay can occur underneath it.
5. **Failure or Loosening:** The bridge may loosen or fail over time, requiring repair or replacement.

Alternatives to Dental Bridge Placement:

I understand that alternatives to dental bridge placement may include:

1. Dental implants as a more permanent solution.
2. Partial dentures as a removable alternative.
3. No treatment, accepting the consequences of missing teeth.





Consent:

I confirm that the dentist has explained the dental bridge 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 bridge 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: _____

