DENTAL CROWN & BRIDGE TREATMENT INFORMED CONSENT

Patient Name: _____ **Treatment Date:** _____**Tooth/Teeth:** _____

Dental crowns and bridges are designed to restore damaged or missing teeth by improving strength, function, appearance, and chewing ability. A crown covers and protects a damaged tooth, while a bridge replaces one or more missing teeth by attaching to adjacent supporting teeth or implants.

Treatment Process

Treatment may include examination, X-rays, tooth preparation, impressions or digital scans, placement of a temporary crown or bridge, fabrication of the final restoration by a dental laboratory, and placement of the permanent crown or bridge.

Temporary crowns or bridges are placed after tooth preparation and remain until the permanent restoration is completed. Temporary restorations are secured with a light adhesive and may dislodge during normal use. If the temporary crown or bridge becomes loose or comes off, use a denture adhesive such as Fix-O-Dent to temporarily reseat it and contact our office for assistance. Do not use household glue or any other type of permanent adhesive.

Risks and Possible Complications

Although crowns and bridges have a high success rate, complications may occur, including sensitivity to hot, cold, or pressure; discomfort after tooth preparation; fracture or loosening of the crown or bridge; decay beneath the restoration; changes in the bite requiring adjustment; gum irritation or recession; damage to supporting teeth; failure of cement retention; and the need for repair, replacement, or additional treatment.

Teeth receiving crowns may later require root canal treatment due to previous decay, trauma, cracks, or irritation to the dental pulp. No dental procedure can guarantee a successful outcome.

Causes of Crown or Bridge Failure

Failure may result from untreated decay, fractures, excessive biting forces, teeth grinding or clenching, poor oral hygiene, gum disease, trauma, failure to wear a recommended night guard, chewing hard or sticky foods (including bread, caramel, gum, or similar foods), failure to attend routine dental visits, or failure to follow post-operative instructions.

Patient Responsibilities

I certify that I have provided Amazing Dental Care with a complete and accurate medical history, including all medical conditions, allergies, and all prescription, over-the-counter, and herbal medications or supplements, and I agree to notify the office of any changes.

To improve the longevity of my crown or bridge, I agree to:

- Follow all post-operative instructions.
- Avoid chewing hard or sticky foods until instructed.
- Avoid chewing on temporary crowns or bridges when possible.
- Maintain excellent oral hygiene and routine dental cleanings.
- Wear a night guard if recommended.

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- Attend all recommended follow-up and routine dental appointments.
- Notify the office promptly if my restoration becomes loose, chipped, fractured, or uncomfortable.

Crown & Bridge Warranty

- If a crown or bridge fails due to defects in materials or workmanship within two (2) years of final placement, Amazing Dental Care will evaluate the restoration and, when clinically appropriate, provide repair or replacement of the restoration at no charge.
- If additional treatment is required, including but not limited to root canal therapy, crown lengthening, periodontal treatment, treatment of new decay, replacement of supporting teeth, or other procedures necessary to restore the tooth or teeth, all recommended treatment options will be discussed, and a written estimate of associated costs will be provided before treatment.
- This warranty applies only if the patient follows all post-operative instructions, maintains good oral hygiene, attends recommended follow-up and routine dental appointments, wears a night guard if recommended, and informs the office of any changes to their medical history or medications.
- The warranty is void if the restoration fails due to decay, trauma, teeth grinding or clenching without use of a recommended night guard, failure to maintain proper oral hygiene, chewing hard or sticky foods, missed routine dental care, failure to follow post-operative instructions, use of household glue or unauthorized adhesives, or if treatment is performed or the restoration is adjusted, repaired, or altered by another dental office.
- Warranty coverage does not include refunds, reimbursement for treatment completed elsewhere, transportation expenses, lost wages, pain and suffering, or reduced fees for future dental procedures if treatment ultimately cannot be saved.

Consent

I have had the opportunity to ask questions regarding the proposed treatment, alternatives, risks, benefits, and my responsibilities. I understand that no guarantee has been made regarding the long-term success of dental crown or bridge treatment, and I voluntarily consent to proceed.

Patient Signature:_____ **Date:** _____

Doctor Signature: _____ **Date:** _____