VIVA DENTAL

Consent for Crown & Bridge Treatment

Patient name: _____

Tooth number: _____

I UNDERSTAND that treatment of dental conditions requiring CROWNS and/or FIXED BRIDGE WORK includes certain risk, with even the possibility of failure. I agree to assume those risks, possible unsuccessful results and/or failure associated with, but not limited to the following:

1. Reduction of Tooth Structure: In order to replace decayed or otherwise traumatized teeth, it is necessary to modify the existing tooth or teeth so that crowns (caps) and/or bridges may be placed upon them. As a result, this treatment is irreversible.

2. Sensitivity of Teeth: After the preparation of teeth or the reception of either crowns or bridges, the teeth may exhibit sensitivity. If persistent, please notify us.

3. Possible Root Canal Treatment: Although rare, irreversible pulpitis (nerve damage) may occur and subsequent root canal therapy may occasionally be required.

4. Gingival Recession: Rreceding gums may occur with time, resulting in crown margin being exposed.

5. Breakage / Fracturing: The restorative work may chip, fracture, or break in the future.

6. Esthetics / Appearance: Patients will be given the opportunity to observe the appearance of their crown/bridge prior to final placement.

PLEASE **INITIAL EACH PARAGRAPH AFTER READING**

_____ I understand the above risks and benefits of having fixed prosthetic treatment and consent to having the treatment done.

_____ I understand that once a crown restoration is started, I will promptly return to have the crown finished. If I fail to return to have the crown finished in a timely manner, I risk decay, the need for root canal treatment, tooth fracture and/or loss of the tooth. I take responsibility for further treatment to correct any issues that may arise as a result of unfinished treatment.

_____ I understand that during/several days following treatment I may notice changes in my bite, if this persists, I will be responsible for contacting Viva Dental for a bite adjustment.

_____ I understand that no guarantees can be made or assumed on longevity of crown/bridge treatment as there are many variables that affect longevity such as good oral health, general health, diet, regular dental check ups and cleanings.

I am fully aware of my dental insurance coverage and have confirmed plan maximums and opt to proceed with treatment at this time. I am aware that if I do not have approvals for my purposed treatment I am responsible for the full cost of treatment.

CONSENT: My signature below signifies that I understand the treatment and anesthesia that is proposed for me, together with the known risks and complications associated with that treatment. I hereby give my consent for the treatment I have chosen.

Patient Signature: _____ Date: _____