



D E N T A L

# Discussion and Informed Consent for Crown(s) and Bridge(s)

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Treatment and Tooth Number(s): \_\_\_\_\_

**FACTS FOR CONSIDERATION:**

A bridge is an appliance (prosthesis) usually composed of a metal framework, artificial teeth, and acrylic ceramic or metal material it fills in the spaces created by missing teeth and restricts other teeth from shifting. A bridge is a fixed appliance (prosthesis) that requires at least one tooth on each side of the space to be filled (one or more missing teeth) that will undergo modification for the placement of crowns by serving as abutments or "anchors" for the bridge.

Treatment of teeth may involve restoring damaged areas of the tooth above and below the gumline with a crown.

Restoration of a tooth with a crown may require two phases: 1) preparation of the tooth, making an impression or mold, (which is used for fabrication of the final crown) sent to the lab, then construction and temporary cementation of a temporary (interim) crown; and later, or in some cases the use of CAD CAM (computer aided scanning of the dental arch, and teeth), 2) removal of the temporary (interim) crown, adjustment, and cementation of the permanent crown after esthetics and function have been verified and accepted.

Once a temporary (interim) crown has been placed, it is essential to return to have the permanent crown placed as the temporary crown is not intended to function as well as the permanent crown. If the temporary crown breaks or comes loose or if the tooth is uncomfortable, this should be reported to the dentist immediately. Failing to replace the temporary (interim) crown with the permanent crown could lead to decay, gum disease, infections, problems with my bite, and loss of the tooth/teeth. In the event CAD CAM crowns are fabricated, a temporary crown may not be utilized.

**Benefits of Bridge(s) and Crown(s), Not Limited to the Following:**

I understand that a reasonable aesthetic appearance may be achieved.



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Establish occlusal or “chewing” surface with opposing teeth. It may serve to reduce or restrict the drifting or movement of opposing teeth caused by a missing tooth.

A crown is typically used to strengthen and restore a tooth damaged by decay, fracture, or previous fillings (restorations). It can also serve to protect a tooth that has had root canal treatment and improve the way your other teeth fit together.

Crowns may be used for the purpose of improving the appearance of damaged, discolored, misshapen, malaligned, or poorly spaced teeth.

**Risks of Bridge(s) and Crown(s), Not Limited to the Following:**

I understand that preparing a tooth for a crown or as an abutment crown for a bridge may further irritate the nerve tissue (called the pulp) in the center of the tooth, leaving my tooth feeling sensitive to heat, cold, or pressure. Such sensitive teeth may require additional treatment including endodontic or root canal treatment.

I understand that holding my mouth open during treatment may temporarily leave my jaw feeling stiff and sore and may make it difficult for me to open wide for several days, sometimes referred to as trismus. However, this can occasionally be an indication of a most significant condition or problem. In the event this occurs, I must notify this office if I experience persistent trismus or other similar concerns arise.

I understand that a crown may alter the way my teeth fit together and make my jaw joint feel sore. This may require adjusting my bite by altering the biting surface of the crown or adjacent teeth or even the opposing teeth.

I understand that the edge (base) of a crown is usually near the gumline, which is in an area prone to gum irritation, infection, or decay. Proper brushing and flossing at home, a healthy diet, and regular professional cleanings are some preventative measures essential to helping control these problems.

I understand there is a risk of aspirating or swallowing the bridge(s) or crown(s) during treatment.

I understand that I may receive a local anesthetic and/or other medication. In rare instances, patients may have a reaction to the anesthetic, which could require emergency medical attention, or find that it reduces their ability to control swallowing. This increases the normal chance of swallowing foreign objects during treatment. Depending on the anesthesia and medications administered, I may need a designated driver to take me home. Rarely, temporary or permanent nerve injury can result from an injection.

I understand that all medications have the potential for accompanying risks, side effects, and drug interactions. Therefore, it is critical that I tell my dentist of all medications I am currently taking, which are:

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I understand that every reasonable effort will be made to ensure the success of my treatment. There is a risk that the procedure will not save the tooth and therefore success is not guaranteed

**Consequences if no Treatment is Administered are Not Limited to the Following:**

I understand that if no treatment is performed, I may continue to experience symptoms which may increase in severity, and could lead to decay, gum disease, infections, problems with my bite, and loss of the tooth/teeth. I also understand with no treatment the cosmetic appearance of my teeth may continue to deteriorate.

**Alternatives to Bridge(s) or Crown(s), are Not Limited to the Following:**

I understand that depending on the reason I have a bridge or crown placed, alternatives may exist including the replacement of missing teeth with implants, (or removable types of restorations). I have asked my dentist about them and their respective expenses. My questions have been answered to my satisfaction regarding all of the procedures and their risks, benefits, and costs.

**ALTERNATIVES DISCUSSED:** \_\_\_\_\_

No guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the condition(s) listed above.

**Check the boxes below that apply to you:**

**CONSENT**

- I have been informed, both verbally and by the information provided on this form, of the benefits and alternatives to the proposed treatment.
- I have been informed, both verbally and by the information provided on this form, of the material risks and benefits of alternative treatment and of electing not to treat my condition.
- I certify that I have read and that I understand the above information that the explanations referred to are understood by me, that my questions have been answered and the blanks requiring insertions or completion have been filled in. I authorize and direct Dr. Blanco to do whatever she deems necessary and advisable under the circumstances.
- I consent to have the above mentioned treatment.
- While the treatment may be covered by my medical and/or dental insurance, I accept any financial responsibility for this treatment and authorize treatment.

**REFUSAL**

- I refuse to give my consent for the proposed treatment(s) described above and understand the potential consequences associated with this refusal.

\_\_\_\_\_

Patient or guardian (print and sign)

\_\_\_\_\_

Date

\_\_\_\_\_

Witness (print and sign)

\_\_\_\_\_

Date

I attest that I have discussed the risks, benefits, consequences and alternatives of the above treatment with \_\_\_\_\_ (Patient or Patient's Representative) and they have had the opportunity to ask questions. I believe they understand what has been explained and consents or refuses treatment noted above.

\_\_\_\_\_

Dentist (print and sign)

\_\_\_\_\_

Date