



Allred Dental  
955 Boardwalk Suite 201  
San Marcos, CA 92078

P: (760) 304-6455  
www.AllredDental.com  
info@AllredDental.com

### **Dental Crown/Bridgework Consent**

I have been advised of and understand why I require the treatment of a dental crown and/or bridge. I have been informed that it involves certain risks and possible unsuccessful results. Even when care and diligence is exercised in the treatment there are no promises or guarantees of anticipated results or the length of time the crown and/or bridge will last. I agree to assume the risks and the required treatment associated with crown and/or bridge, which include but are not limited to the following:

#### **1. Reduction of tooth structure**

In order to prepare your tooth for a crown or bridge it is necessary to modify the existing tooth or teeth so that the crown and/or bridge may be placed upon them. Tooth preparation will be done as conservatively as possible.

#### **2. Numbness following use of local anesthesia**

As a result of the injection or use of anesthesia, there may be swelling, jaw muscle tenderness or even a subsequent numbness of the tongue, lips, teeth, jaws and/or facial tissues which is usually temporary; in rare instances, numbness may be permanent.

#### **3. Sensitivity of teeth**

Often, after the preparation, the teeth may exhibit sensitivity. This sensitivity should only last a short amount of time, if it is persistent, notify us so that we can determine the cause of the sensitivity. If sensitivity is left unattended for extended periods of time this can lead to the tooth needing a root canal or possible extraction.

#### **4. Root canal**

Anytime a tooth is worked on it can become traumatized. If decay is extensive or the preparation that is needed for the crown extends into the nerve of your tooth, it can develop a condition known as pulpitis, and in some cases a root canal maybe necessary.

#### **5. Breakage and Longevity of crowns and bridges**

Many variables determine how long crowns and bridges can be expected to last. Crowns and bridges may chip or break. Many factors can contribute to this including chewing excessively hard materials, a change in biting forces, trauma to the mouth, etc. Breakage or chipping because of defective materials or construction is uncommon. If it does occur, it usually occurs soon after placement.

The general health of the patient, oral hygiene, regular dental checkups and diet are all crucial factors on how long a crown is expected to last. As a result, no guarantees can be made or assumed to be made regarding the longevity of the crowns or bridges.

**6. Uncomfortable or strange feeling**

Crowns and bridges are artificial and therefore feel different from natural teeth. Most patients become accustomed to this feeling over time. In limited situations, muscle soreness or tenderness of the jaw joint (TMJ), may persist for indeterminable periods of time, following placement of the prosthesis.

**It is a patient’s responsibility to seek attention from the dentist should any undue or unexpected problems occur.**

**Informed consent for dental crown/bridgework**

I, the undersigned patient, hereby authorize Dr. Allred to perform the procedure(s) or course(s) of treatment. I understand my dental condition and have discussed several treatment options with Dr. Allred. I have been given a printed copy of the procedure or treatment details and any post-op instructions.

I understand the risks inherent in the treatment(s). I have discussed these risks with the Dr. Allred, he has addressed all questions and concerns I have presented. I understand the expected results of the procedure(s) or course(s) of treatment. I understand that these results cannot be guaranteed and may not be achieved. I am aware of my right to waive treatment of any kind and I am aware of the possible consequences of non-treatment.

I have disclosed my health history information, including allergies, reactions to medicine, diseases, and past procedures. I understand that withholding this information may affect the outcome of the procedure(s) or course(s) of treatment.

I authorize the undersigned provider and any other qualified assistants or medical professionals to perform the procedure(s) or treatment(s) listed below

I confirm that I understand this form and the information contained therein. I am a native speaker of English or have been offered the services of a qualified translator who has explained the information in my native tongue.

\_\_\_\_\_  
*Patient signature/Guardian*

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

\_\_\_\_\_  
*Witness signature*

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