



At the Half Moon Dental Centre we aim to provide you with the best possible treatment that is ethically and scientifically justified as economically as possible. Below you will find not only a description of the treatment we plan to undertake for you but also the risks associated with it.

We aim for all our treatments to be completely successful but unfortunately the nature of the oral environment dictates that, over time, most treatments will eventually fail. Also some events that we aim to control may be beyond our control.

This document in no way negates our duty of care to you. Nor is it designed to put you off treatment. Its purpose is to inform you of the most common the adverse events associated with your procedure to form part of your consent. If there is anything raised that concerns you or you do not understand please ask or inform your operator prior to undertaking the procedure. It is your right to refuse treatment at any time.

We understand that dentistry is a stressful and worrying event. If there is anything we can do to make this easier for you please ask.

The longevity of treatment undertaken is directly related to the pre existing condition of your mouth. Its success is also dependent on good oral hygiene maintenance at home and also frequent trips to the hygienist. Smoking, systemic disease, poor diet and clenching and grinding habits can also adversely effect your treatment and your other teeth and structures within the mouth.

## Consent for Crown and Bridge Treatment.

Crowns are required when there is insufficient tooth tissue remaining to support a conventional filling or inlay. This is usually dictated by one more missing cusps of molar teeth or large fractures of anterior teeth. Crowns cover the entire biting surface of the tooth. Crowns can also be placed to protect cracked teeth.

Bridges are used to replace missing teeth and can involve either one or both of the adjacent teeth to the gap. Bridges are either conventional involving full crown type preparation of the adjacent teeth or tooth or acid etched (other terms include minimal preparation Maryland or Rochette bridges). These bridges are bonded to the adjacent teeth by either a metal or ceramic "wing". These bridges are conservative as they involve little to no tooth preparation but they are prone to debonding (coming unstuck).

There are different types of material available for crowns and bridges. Each has its advantages and disadvantages. Gold crowns require less tooth tissue preparation. Porcelain bonded to metal crowns are cheaper but tend to develop a metal line at the crown margin and also look less natural in comparison to the all ceramic crowns that contain no metal. Ceramic crowns can also now be produced "in house" meaning no second visit or temporary crown stage is required. These are however the most expensive but because they are scanned the fit is much better.

### REDUCTION OF THE TOOTH STRUCTURE

All crowns and bridges involve tooth tissue preparation. Tooth preparation will be done as conservatively as practical. In preparation of teeth, anesthetics are usually needed. Use of anaesthetic can at times cause swelling, jaw muscle tenderness or even a resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues which is usually temporary, or very rarely, permanent.

### SENSITIVITY OF TEETH

Often, after the preparation of teeth or the reception of either crowns or bridges, the teeth may exhibit sensitivity. It may be mild to severe. This sensitivity may last only for a short period of time or may last for much longer periods. If it is persistent, notify us as further treatment maybe required.

### CROWNED OR BRIDGE ABUTMENT TEETH MAY REQUIRE ROOT CANAL TREATMENT

Teeth, after being crowned, may develop a condition known as pulpitis or pulpal degeneration. This may occur due to the presentina circumstances of the tooth. The tooth or teeth mav have been traumatized from an accident. deep decav. extensive

canal treatment, root surgery, or possibly extraction.

## BREAKAGE

Crowns and bridges may possibly chip or break. Many factors could contribute to this situation such as chewing excessively hard materials, changes in biting forces, traumatic blows to the mouth, etc. Unobservable cracks may develop in crowns from these causes but the crowns/bridges may not actually break until chewing soft foods or possibly for no apparent reason. Breakage or chipping seldom occurs due to defective materials or construction unless it occurs soon after placement.

## UNCOMFORTABLE OR STRANGE FEELING

This may occur because of the differences between natural teeth and the artificial replacements. Most patients usually become accustomed to this feeling in time. In limited situations, muscle soreness or tenderness of the jaw joints (TMJ) may persist for indeterminate periods of time following placement of the prosthesis.

## AESTHETICS OR APPEARANCE

Patients will be given the opportunity to observe the appearance of crowns or bridges in place prior to final cementation.

## LONGEVITY OF CROWNS AND BRIDGES

There are many variables that determine "how long" crowns and bridges can be expected to last. Among these are some of the factors mentioned in preceding paragraphs. Additionally, general health, good oral hygiene, regular dental checkups, diet, etc. , can affect longevity. Because of this, no guarantees can be made or assumed to be made. We will guarantee the structure of the crown for 5 years the preexisting condition of the underlying tooth determines the longevity of the restoration. Ultimately we have no control over this. Heavily restored teeth may die requiring root canal treatment. Teeth with root canal treatments can become reinfected. Teeth with little remaining tooth tissue can break under crowns. Cracked teeth may remain painful to bite with and may even worsen and teeth with posts can split.

**It is a patient's responsibility to seek attention from the dentist should any undue or unexpected problems occur. The patient must diligently follow any and all instructions, including the scheduling and attending all appointments. Failure to keep the cementation appointment can result in ultimate failure of the crown/bridge to fit properly and an additional fee may be incurred.**

## INFORMED CONSENT

I have been given the opportunity to ask any questions regarding the nature, purpose and risks of crown and/or bridge treatment and have received answers to my satisfaction. I voluntarily assume any and all possibly risks including those as listed above and including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning the results. The fee(s) for service have been explained to me and are satisfactory. By signing this document, I am freely giving my consent to allow and authorize my Dentist to render any treatment necessary and/or advisable to my dental conditions including the prescribing and administering of any medications and/or anesthetics deemed necessary to my treatment.

Patient Name

Patient Signature

Date

Treating Dentist

Signature

Date