

# Chase M. BAKER, DDS

## **Informed Consent for Crowns, Veneers & Onlays**

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

### **TO THE PATIENT**

You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you make the decision whether or not to undergo the procedure after knowing the risks involved. This disclosure is not meant to scare you or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure. Please ask about anything that you do not understand.

### **ABOUT THE TREATMENT**

Treatment involves removing from 1-2mm of the outside of the tooth and then covering it with a crown (cap) or removing .5-1mm from the front surface of the tooth and covering it with a tooth colored material (veneer). The purpose of a crown is to strengthen a tooth damaged by decay, large failing restorations, trauma, or root canal treatment. It can also be used to improve the bite in certain malocclusions. Several crowns can be fused together across a space to form a fixed bridge. Crowns and veneers are also used to restore or improve the appearance of damaged, discolored, misshapen, or poorly spaced teeth.

There are two phases to treatment. First in the preparation phase, the tooth is shaped either for crowns or veneers, and impression is then taken, and then a temporary crown or veneer is made and cemented with temporary cement. Because a temporary crown is not intended to function as well or for as long as a crown, failing to return promptly could lead to the deterioration of the temporary crown or veneer resulting in decay, gum disease, infections, and problems with your bite. Secondly, at another appointment about three (3) to four (4) weeks later the new crown is placed with special dental cement. A crown or veneer is placed only after you have approved the size, shape and color.

### **BENEFITS AND ALTERNATIVES**

The proposed treatment is intended to restore or improve the strength of your teeth, the appearance of your teeth, and /or the way your bite fits together. Depending on your needs alternative treatments may include extracting damaged teeth, bleaching discolored teeth instead of placing veneers, or by moving your teeth with orthodontic treatment to improve your bite. When fixed bridges are being used to replace missing teeth a removable partial denture may be used to replace the missing teeth. There is no alternative to a crown for protecting a weak tooth that has received root canal treatment.

### **COMMON RISKS**

The Doctor has explained to you that there are certain inherent and potential risks in any treatment plan or procedure, and that in this specific instance such operative risks include, but are not limited to:

1. Postoperative discomfort and swelling, which may necessitate several days of home recuperation.
2. Stretching of the corners of the mouth with resultant cracking and bruising.
3. Restricted mouth opening for several days or weeks.
4. In rare instances, some patients may have an allergic reaction to the local anesthetic, which may require emergency medical attention. Some patients feel it is hard to swallow after the local anesthetic is given since the back part of their mouth is numb.

5. Irritation to the nerve of the tooth from the procedure, which may lead to hot, cold, and pressure sensitivity which in worst cases may require the nerve to be removed from the tooth (root canal).
6. A change in your bite which may make your jaw feel sore. This may require adjusting your bite by altering the shape of the biting surface of the crown and / or the opposing teeth.

**PLEASE INITIAL EACH OF THE FOLLOWING:**

- I consent to the administration to such local anesthesia as deemed necessary by the above named Doctor to accomplish the proposed procedures.
- I have had an opportunity to discuss with the Doctor my past medical and health history including any serious problems and injuries.
- I agree to cooperate completely with the recommendations of the Doctor while I am his/her care, realizing that any lack of the same could result in a less than optimum result.
- Due to individual patient differences there exists a risk of failure, relapse, need for selective re-treatment or worsening of my present condition despite the care provided. However, it is the Doctor's opinion that therapy would be helpful, and that a worsening of my condition would occur sooner without the recommended treatment.

I CERTIFY THAT I HAVE HAD AN OPPORTUNITY TO READ FULLY AND UNDERSTAND THE TERMS AND WORDS WITHIN THE ABOVE CONSENT TO THE PROCEDURE AND THE EXPLANATION REFERRED TO OR MADE. ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND INAPPLICABLE PARAGRAPHS, IF ANY WERE STRICKEN BEFORE I SIGNED. I ALSO STATE THAT I READ AND WRITE ENGLISH.

I GIVE CONSENT FOR THE TREATMENT AS DESCRIBED ABOVE.

|                    |                                      |                 |
|--------------------|--------------------------------------|-----------------|
| X _____<br>WITNESS | X _____<br>PATIENT, PARENT, GUARDIAN | X _____<br>DATE |
| X _____<br>WITNESS | X _____<br>DOCTOR                    | X _____<br>DATE |

**CONSENT TO CEMENT CROWN OR VENEER**

I hereby agree to the placement of the crown(s) or veneer(s) referred to in the above consent for treatment.

|                    |                                      |                 |
|--------------------|--------------------------------------|-----------------|
| X _____<br>WITNESS | X _____<br>PATIENT, PARENT, GUARDIAN | X _____<br>DATE |
| X _____<br>WITNESS | X _____<br>DOCTOR                    | X _____<br>DATE |

DATE \_\_\_\_\_ INITIALS \_\_\_\_\_ TOOTH NO. \_\_\_\_\_

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\*Minor: Any unmarried male or female that has not reached their 18<sup>th</sup> birthday

\*\*Patient is to initial each paragraph after reading.