Informed Consent for Crown and Bridge Prosthetics

Patient File No	:	188			
Patient Name	:	Hui-Chen Chien	**DOB**	:	20-Dec-1976
Nationality	:	Italian	**Gender**	:	Female
Emirates ID	:	784-1976-2823044-9	**Date**	:	02-Feb-2023

Tooth(s) # : **Bridge (s) #** :

I have been advised of and understand that treatment of dental conditions requiring crowns and / or fixed bridgework involves certain risks and possible unsuccessful results, including the possibility of failure. Even when care and diligence is exercised in the treatment of conditions requiring crowns and bridgework and fabrication of the same, there are no promises or guarantees of anticipated results or the length of time the crown and / or fixed bridgework will last. I agree to assume the risks associated with crowns and / or fixed bridgework, which include but are not limited to the following:

1. Reduction of tooth structure:

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. Tooth preparation will be done as conservatively as practical, but I understand that normally at least some of my existing tooth structure will be removed.

2. Injury:

During the reduction of tooth structure or adjustments done to temporary restorations, it is possible for the tongue, cheek or other oral tissues to be inadvertently abraded or lacerated (cut).

3. Numbness following use of anesthesia:

In order to reduce tooth structure without causing undue pain during the procedure, it is necessary to administer local anesthetic. Such administration may cause reactions or side effects, which include, but are not limited to, bruising, hematoma, cardiac stimulation, temporary or, rarely permanent numbness of the tongue, lips, teeth, jaws, and / or facial tissues and muscle soreness.

4. Sensitivity of teeth:

Often, after the preparation of teeth for the reception of either crowns or bridges, the teeth may exhibit sensitivity, which can range from milk to severe. The sensitivity may last only for a short period of time or may last for much longer periods. If it is persistent, notify us so that we can determine the cause of the sensitivity and seek to treat that condition.

5. Following crown preparation and placement for either individual teeth or bridge abutments, the involved tooth or teeth may require root canal treatment:

Teeth, after being crowned, may develop a condition known as pulpitis or pulpal degeneration. Usually this cannot be predetermined. The tooth or teeth may been traumatized from an accident, deep decay, extensive preparation, or other causes. It is often necessary to do root canal treatments in these teeth, particularly if teeth remain appreciably sensitive for a long period of time following crowning. Infrequently, the tooth (teeth) may abscess or otherwise not heal completely. In this event, periapical surgery or even extraction may be necessary.

Patient's Initials:

6. Breakage:

Crowns and bridges may possibly chip and break. Many factors could contribute to this situation such as chewing excessively hard materials, changes in biting forces, traumatic blows to the mouth etc. Undetectable cracks may develop in crowns from these causes, but the crowns / bridges themselves may not actually break until sometime later. Breakage or chipping because of defective materials or construction is somewhat uncommon. If it occurs, it usually occurs soon after placement.

7. 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 temporomandibular (TMJ) – jaw joint – may persist for indeterminable periods of time, following placement of the prosthesis.

8. Esthetics or appearance:

Patients will be given the opportunity to observe the appearance of crowns and bridges in place prior to final cementation. When satisfactory, this fact is acknowledged by an entry into the patient's chart initialed by the patient.

9. Longevity of crowns and bridges:

Many variables determine how long crowns and bridges can be expected to last. Among these are of the factors mentioned in the preceding paragraphs, including the general health of the patient, oral hygiene, regular dental checkups and diet. As a result, no guarantees can be made or assumed to be made regarding the longevity of the crowns and bridges.

10. I consent to photography, filming, recording, and x-rays of the procedure.

It is the 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 cementations appointments can result in ultimate failure of the crown / bridge to fit properly.

You have the right to refuse or discontinue treatment. You will be informed about the consequence of your decision to refuse or discontinue treatment and about available care and the treatment alternatives.

Informed Consent:

I have been given the opportunity to ask any questions regarding the nature and purpose of crown and / or bridge treatment and have received answers to my satisfaction. I voluntarily assume any and all possible risks, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired result, which may or may not be achieved. The fee (s) (if applicable), for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. Dr. Priyanka Kiran and / or his associates to render treatment and administering or any medications and / or anesthetics deemed necessary for my treatment.

☐ I have been given the opportunity to ask questions and give my consent for the proposed treatment as described above.

☐ I refuse to give my consent for the proposed treatment(s) as described above and have been explained the potential consequences associated with this refusal.

Sign here, only if all of your questions have been answered to your satisfaction

Hui-Chen Chien 02-Feb-2023

Patient's name **Signature of Patient Legally authorized Representative** **Date**

02-Feb-2023

Witness Signature **Date**

02-Feb-2023

Dentist's Signature **Date**

Dr. Neha Singh
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