

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. Tarona Azem Subba 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**

Hewaida Mohamed Ali Ahmed Eldib



07-Mar-2024

**Patient's name**

**Signature of Patient Legally authorized Representative**

**Date**

07-Mar-2024

**Witness Signature**

**Date**

07-Mar-2024

**Dentist's Signature**

**Date**

