ETOBICOKE PERIODONTICS

390 The East Mall Unit D1 Etobicoke ON M9B 6L5 T. 416.389.2842 F. 416.621.1015 info@etobicokeperio.ca

INFORMED CONSENT FOR CROWN LENGTHENING

Dr. Jae W. Chang
B.Sc.,D.D.S., M.Sc (Periodontics), F.R.C.D
Specialist in Periodontics

PLEASE ASK IF YOU HAVE ANY QUESTIONS BEFORE SIGNING THIS DOCUMENT

EXPECTED BENEFITS

Crown lengthening surgery is performed to increase the length of your teeth. The level of the gum and bone around your teeth is carefully adjusted to expose more of a tooth's natural crown and often, to expose the top part of the root(s) as well. Crown lengthening surgery may be required for several reasons: The gum level of adjacent teeth is uneven or your teeth appear artificially short because they are covered by too much gum tissue. Perhaps your tooth is decayed or is broken below the gum line so that your dentist does not have proper access to repair the tooth. Perhaps your tooth is too short to hold a large filling, crown, or bridge.

After the Crown Lengthening Surgery, you may notice the following:

- Your teeth will feel and look longer. More tooth (and possibly root) structure will be visible above the gum line. This is known as recession. If your teeth have crowns (caps), the edges of the crowns, where the crown meets the tooth, may now be visible and sometimes these crown edges have a dark color.
- There may be more space (embrasures) between your teeth, underneath the contact area between adjacent teeth. This is known as increased embrasure space. It may be easier for food to be caught between your teeth, but it will now be easier for you to clean between your teeth.
- Your teeth may be sensitive after the surgery. Sensitivity may be present to hot, cold, sweet, and sour. This sensitivity usually fades over time. Periodontist/Dentist/Hygienist may provide desensitizing treatments if necessary. Even if your teeth are sensitive, it is very important for you to maintain good oral hygiene: inadequate cleaning of your teeth will permit plaque (bacteria) to buildup around your teeth and this will worsen and prolong the sensitivity.
- You may notice an increase in the looseness (mobility) of your teeth. This is usually a temporary condition. However, if you are performing jaw habits such as grinding or clenching your teeth, the mobility may worsen and continue. You must inform your dentist/hygienist if you suspect or are aware of performing jaw habits.
- For some teeth with large fillings or crowns, there is a slightly increased risk of these teeth becoming non-vital (dead) and requiring root canal therapy. If you experience any swelling or pain around your teeth or gums, contact your hygienist/dentist or periodontist
- Healing is usually complete within 4-6 weeks and after this time, it will be possible for your dentist to proceed with any fillings, crowns or bridges that are required in the area of the surgery.

NECESSARY FOLLOW-UP CARE AND SELF-CARE

I understand that natural teeth should be maintained daily in a clean, hygienic manner. I will need to come for appointments following my surgery so that my healing may be monitored and so that Dr. Jae Chang can evaluate and report on the outcome of surgery upon completion of healing. Smoking or alcohol intake may adversely affect gum healing and may limit the successful outcome of my surgery. I know that it is important (1) to abide by the specific prescriptions and instructions given by Dr. Jae Chang and (2) to see my general dentist and a hygienist for periodic examination and preventative treatment.

COSTS

The estimated costs for this procedure have already been provided to you. You agree to be ultimately responsible for payment of the treatment.

PATIENT'S RESPONSIBILITIES

I understand that I am an important member of the treatment team. In order to increase the chance of achieving optimal results, I have provided an accurate and complete medical history, including all past and present dental and medical conditions, prescription and non-prescription medications, any allergies recreational drug use, and pregnancy (if applicable). I understand the use of tobacco and alcohol is detrimental to the success of my treatment. I agree to follow all instructions provided to me by Dr. Jae Chang before and after the procedure, take medication(s) as prescribed, practice proper oral hygiene, keep all appointments, make return appointments if complications arise, and complete care. I will inform my doctor of any postoperative problems as they arise. My failure to comply could result in complications or less than optimal results

☐ I have been informed and I understand the purpose and the nature of the Crown lengthening surgery that will be performed to increase the length of my tooth/teeth.

☐ I have been informed and I understand that occasionally there are complications of surgery including the above mentioned but not limited to.

☐ It is my responsibility to seek attention should any undue circumstances occur post-operatively and I should diligently follow any pre-operative and post-operative instructions.

☐ I give permission to photography and/or video recording of this procedure for treatment planning, documentation of my ongoing care, teaching and research.

PATIENT CONSENT

I have been fully informed of the surgery to be performed and details of the post-op instruction provided well in advance of the surgery. I understand the risks and benefits of the procedure, alternative treatments, and the necessity for follow-up and self-care.

I, _____ ACKNOWLEDGE THAT THE ABOVE HAS BEEN EXPLAINED TO MY SATISFACTION INCLUDING POST-OP INSTRUCTION, THAT MY QUESTIONS HAVE BEEN ANSWERED, AND THAT I UNDERSTAND THE RISKS AND SO I HEREBY CONSENT TO THE PROCEDURES DESCRIBED WITH THE FEE ESTIMATE

DATE: _____

PATIENT NAME: _____

SIGNATURE: _____

Provider Confirmation

I have reviewed the nature, purpose, benefits, risks, alternatives, and post-operative care associated with this procedure. I believe the patient understands the information provided

Provider Signature (Dr. Jae W. Chang) _____

Date : _____