

## INFORMED CONSENT FOR CROWNS

**Patient name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Facts for Consideration:**

1. Treatment involves restoring damaged areas of the tooth above and below the gumline with a crown. At times, due to the extent of the decay or if there is a crack or fracture present that is close to the nerve of the tooth a root canal may be required in addition to the crown.
2. Restoration of a tooth with a crown requires two phases: 1.) preparation of the tooth which involves reshaping the tooth to a smaller size to fit the crown over it, an impression sent to the lab, shade check, construction and temporary cementation of a temporary crown; and later, 2) removal of the temporary crown, adjustment, and cementation of the permanent crown after esthetics and function have been verified and accepted.
3. Once a temporary crown has been placed, it is essential to return to have the permanent crown placed as the temporary crown is not intended to function as well as the permanent crown. Failing to replace the temporary crown with the permanent crown could lead to decay, gum disease, infections, problems with your bite, and loss of the tooth.
4. Permanent crowns can be made from different types of materials such as stainless steel, all metal (such as gold or another alloy), porcelain fused to metal, all resin, or all ceramic. A thin metal margin may be present at the gumline on some porcelain fused to metal crowns.  
(Type of material may depend on your insurance coverage)

### **Benefits of Crowns, Not Limited to the Following:**

A crown is typically used to strengthen a tooth damaged by decay, fracture, or previous restorations. It can also serve to protect a tooth that has had root canal treatment and improve the way your other teeth fit together. Crowns are used for the purpose of improving the appearance of damaged, discolored, misshapen, mal-aligned, or poorly spaced teeth.

### **Risks of Crowns, Not Limited to the Following:**

1. **I understand** that preparing a damaged tooth for a crown may further irritate the nerve tissue (called the pulp) in the center of the tooth, leaving my tooth feeling sensitive to heat, cold, or pressure. Such sensitive teeth may require additional treatment including root canal treatment.
2. **I understand** that holding my mouth open during treatment may temporarily leave my jaw feeling stiff and sore and may make it difficult for me to open wide for several days. I must notify your office if this or other concerns arise.
3. **I understand** that a crown may alter the way my teeth fit together and make my jaw joint feel sore. This may require adjusting my bite by altering the biting surface of the crown or adjacent teeth.
4. **I understand** that the edge of a crown is usually near the gumline, which is in an area prone to gum irritation, infection, or decay. Proper brushing and flossing at home, a healthy diet, and regular professional cleanings are some preventative measures essential to helping control these problems.
5. **I understand** there is a risk of aspirating or swallowing the crown during treatment.

6. **I understand** that I may receive some type of local anesthetic. In rare instances patients may have a reaction to the anesthetic, which could require emergency medical attention. Rarely, temporary or permanent nerve injury can result from an injection.

7. **I understand** that every reasonable effort will be made to ensure the success of my treatment. There is a risk that the procedure will not save the tooth.

**Consequences if no Treatment is Administered, Are Not Limited to the Following:**

I understand that if no treatment is performed, I may continue to experience symptoms which may increase in severity, and the cosmetic appearance of my teeth may continue to deteriorate, I have been informed of and accept the consequence if no treatment is administered.

**Alternatives to Crowns, Are Not Limited to the Following:**

**I understand** that depending on the reason I have a crown placed, alternatives may exist. I have asked my dentist about them and their respective expenses. My questions have been answered to my satisfaction regarding the procedures and their risks, benefits, and costs.

**No guarantee or assurance** has been given to me by anyone that the proposed treatment or surgery will cure or improve the condition(s) listed above.

**I consent to the crown preparation and placement as described above by the Dentist**

**I refuse to give my consent for the proposed treatment as described above.**

I acknowledge that I have discussed the risks, benefits, consequences, and alternatives of crowns with the Dentist and have had the opportunity to ask questions, I understand and consent.

**Patient/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_