



MASON & MASON
DENTISTRY PA

Informational Informed Consent Crown and Bridge Therapy

Any restoration such as a crown, bridge, inlay, onlay, or 3/4 crown, whether it be bonded or cemented, will hereafter be referred to as “C&B therapy”. It will refer to any dental restoration, be it made of metal, gold, silver, porcelain, composite, or a combination of these, that is cemented or bonded to vital or non-vital tooth structure with a variety of commonly used cements or bonding agents.

I UNDERSTAND that CROWN AND BRIDGE THERAPY includes possible inherent risks such as, but not limited to the following, including the understanding that no promises or guarantees of results have been made nor are expected:

The teeth treated may remain tender or even quite painful for a period of time, both during and after completion of treatment: If you have pain following C&B therapy, please call our office immediately. There is also a possibility of numbness occurring and/or persisting in the tongue, lips, teeth, jaws and/or facial tissues, which may be a result of the anesthetic administration or from treatment procedures. This numbness is usually temporary but, rarely, could be permanent.

Teeth sometimes develop pulpal damage and require root canal treatment following crown and bridge therapy: It is impossible to predict when a tooth will develop an irreversible pulpitis (a toothache that will not get better by itself) or an abscess. By the time a tooth has been broken down badly enough to require C&B therapy, the tooth may have developed ‘hairline cracks’ which are almost always invisible and undetectable. Treatment of a tooth in this condition may result in the need for a root canal immediately following, or many years following the placement of a final restoration. If root canal treatment is necessary, a separate fee will be charged.

A crown, inlay, onlay, or bridge is not a permanent restoration: We are often asked how long such a restoration will last, or specifically, we are asked if a treated tooth will ever decay or need any more work. The answer is: It depends. A tooth that has been crowned can still get a cavity in it. Since we have no control over a patient’s body chemistry, eating habits, parafunctional habits, hygiene habits or any other daily activity, repairing a tooth with C&B treatment does not guarantee that the restoration or the tooth will last for any specific length of time. The good news is that many times C&B therapy can last a lifetime, but there are no guarantees.

C&B therapy can break: Today’s dental materials are better than ever, but there is a limit to how strong a dental restoration can be. Fractures are rare, and if one occurs it doesn’t necessarily mean the restoration needs to be replaced. Metal doesn’t usually break, but it can wear through, which may or may not result in the need for replacement.

C&B therapy can come loose: This is particularly problematic for bridges, because one end of a bridge may come loose, while the other end stays attached. This almost always results in a complete remake of the bridge, because getting the still attached end free can break off the supporting tooth structure unless the bridge is cut into pieces. If you think you have a loose crown or bridge, you should seek attention as soon as possible because teeth will decay very quickly once a C&B restoration has lost its seal.

Provisional (temporary) crowns can come off: If part of your therapy involves temporaries, please be advised that these are lightly cemented so they can be easily be removed. While this usually doesn’t constitute an emergency, call our office and advise us of the problem and we will decide if it is necessary to put it back on. Also be aware that temporary crowns and bridges do not seal teeth as well as final restorations and can leak. Leakage can result in decay, it is therefore very important that you return for the placement of the final restorations.

Teeth can be left sensitive to cold: One of the most common and undesirable results of C&B therapy is that teeth may be more sensitive to cold food and drinks. This will usually get better in the weeks or months following treatment, but sometimes it never goes completely away. Occasionally, it is bad enough to require root canal treatment.

There are alternatives to C&B therapy: These alternatives (which are your choice) include: no treatment, placement of a filling, extraction, extraction followed by placement of a removable partial denture, and/or extraction followed by implant and crown placement.

Medications: Analgesics and/or antibiotics may need to be prescribed depending on symptoms and/or treatment findings. Prescription drugs must be taken according to instructions. Women on oral contraceptives must be aware that antibiotics cause these contraceptives to be ineffective. Other methods of contraception must be utilized during the treatment period.

You may have sore gums following C&B therapy: The process of making crowns and bridges often requires retraction of the gum tissue. While any permanent damage to gums and bone is rare, the possibility exists that these tissues may be damaged during the process of gum retraction. Gum tissues may be sore and swollen for a period of time after a C&B procedure.

Decay in teeth frequently extends farther than is detectable on x-ray: Dentistry relies heavily on x-ray images to diagnose dental caries (decay). It has been estimated that x-ray only allows for the detection of about half of any and all decay in teeth. Decay frequently extends farther than it appears clinically or on x-ray. Successful dental treatment requires removal of all decay. It is possible that we may discover that a tooth has further needs than we originally anticipated. Such needs may be, but not limited to, the following: root canal, post, pins, buildup, crown lengthening surgery, gingivectomy, or even extraction.

Bacterial Endocarditis: There are bacteria that normally exist in the oral cavity. These bacteria can be introduced into the blood stream and be transmitted to the heart. Any vascular dysfunction of the heart can result in these bacteria causing an infection. Such infection is called bacterial endocarditis. One example of vascular dysfunction is a heart murmur or an artificial heart valve. It is my responsibility to inform the dentist of any heart problems known or suspected.

ONCE TREATMENT IS BEGUN, it is absolutely necessary that C&B therapy be completed. It is the patient's responsibility to seek attention should any unanticipated or undue circumstances occur. Also, the patient must diligently follow any and all preoperative and/or postoperative instructions given by the dentist and/or staff.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of C&B treatment and have received answers to my satisfaction. I do voluntarily assume any and all possible risks including, but not related to, those listed above, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired potential results, which may or may not be achieved. No promises or guarantees have been made to me concerning the results. The fees(s) for this service have been explained to me and are satisfactory. By signing this document, I am freely giving my consent to allow and authorize Dr. Ted O. Mason and/or his associates or agents to render any treatment necessary and/or advisable to my dental condition, including prescribing and administering any and all anesthetics and/or medications.

Patient's name (please print)

Signature of patient, legal guardian or authorized representative

Date

Tooth No.(s) _____

Witness to signature

Date