LUNAR SMILE DENTISTRY

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PROCEDURE CONSENT

Consent for Crown Lengthening

Before you sign. Read this form carefully and ask us about anything that is unclear before you sign. Your dentist will go over it with you before treatment begins. To fill it in on a computer, open it in Adobe Acrobat Reader (free), then save it and email it to info@lunarsmiledentistry.ca, or print it and bring it to your appointment.

Patient

Patient full name

Date of birth (YYYY-MM-DD)

Phone

Tooth or area to be treated

What crown lengthening is

Crown lengthening is a minor gum procedure that uncovers more of a tooth. It is usually done so the tooth can be properly restored with a crown, filling or veneer, or to even out a gum line that covers too much of the teeth.

It may be recommended when:

- a tooth has broken or decayed below the gum line;
- there is not enough tooth showing above the gum to hold a restoration securely; or
- extra gum tissue covers part of the teeth.

What happens during treatment

The area is frozen with local anaesthetic. Your dentist then reshapes the gum around the tooth and, where needed, a small amount of the bone that supports it. Stitches close the area, and a protective dressing may be placed over it. The area usually needs about 4 to 6 weeks to heal before your final restoration is made.

Why it helps. A healthy, well-shaped gum line is easier to keep clean, lets the final restoration fit and seal properly, and lowers the chance of ongoing gum irritation, infection and further breakdown of the tooth.

Possible risks

Most people heal without problems. As with any surgery, though, complications can happen. They include:

- swelling, bruising or tenderness for several days;
- bleeding or oozing after the procedure;
- infection that needs further treatment;
- sensitivity, looseness or aching of the treated or nearby teeth;
- gum shrinkage that makes teeth look longer or leaves small gaps between them where food can catch;
- the edges of existing or future crowns becoming visible;
- numbness or tingling of the gums, lip, tongue or chin, which almost always goes away but can rarely be permanent;
- a stiff jaw or limited opening, especially if you already have jaw joint (TMJ) problems;

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- sore or cracked corners of the mouth from being stretched;
- damage to nearby teeth, fillings, crowns or bridges; and
- finding that the tooth cannot be restored after all, so that it needs to be removed.

Other options

You may choose not to have this procedure. Without it, your dentist may not be able to restore the tooth properly, and removing the tooth may become the remaining option. Depending on the tooth, other choices can include gently moving the tooth upward with orthodontics, or removing and replacing it.

Your consent

Please tick each statement to confirm it is true for you.

- ☐ I have read this form, or had it read to me, and I understand it.
- ☐ My dentist has explained the procedure, why it is recommended, the possible risks, and the other options available to me, including no treatment.
- ☐ I have had the chance to ask questions, and my questions have been answered to my satisfaction.
- ☐ I understand that dentistry is not an exact science and that no particular result has been promised or guaranteed to me.
- ☐ I have given an accurate and complete health history, including medications, allergies, past reactions, and pregnancy if applicable.

Consent. I consent to crown lengthening surgery as explained to me. If something unexpected is found during treatment, I allow my dentist to do what is reasonably necessary in my best interest, and I understand this will be discussed with me whenever possible.

Signed by: ○ Patient ○ Parent ○ Legal guardian ○ Spouse / partner ○ Substitute decision-maker

Full name of person signing

Relationship (if not the patient)

Email

Signature

X _____

Date (YYYY-MM-DD)

Sign with the Fill & Sign tool in Adobe Acrobat Reader, or print this page and sign by hand.

For office use

Reviewed with patient by

Witness

Date