LUNAR SMILE DENTISTRY

475 Wharncliffe Rd S, London, ON N6J 2N1
226-884-2573 · info@lunarsmiledentistry.ca
lunarsmiledentistry.ca

PROCEDURE CONSENT

Consent for Crowns & Bridge Prosthetics

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 number(s)

About crowns and bridges

A crown is a custom-made cap that covers and protects a weakened or damaged tooth. A bridge replaces one or more missing teeth by joining a false tooth to crowns on the teeth beside the gap. Both are made by a dental laboratory and cemented in place. Every care is taken in planning and making them, but how well and how long they work cannot be guaranteed.

What to expect

1. **Shaping the tooth.** To make room for the crown, the tooth is reshaped, usually with local anaesthetic. As little tooth as possible is removed. Swelling, sore jaw muscles, or numbness of the lips, tongue or face can follow. These almost always settle, and only rarely last.
2. **Sensitivity.** Prepared teeth are often sensitive for a while, from mildly to quite strongly. It may pass quickly or take longer. Let us know if it does not settle, because it may have another cause.
3. **Root canal treatment.** The nerve inside a crowned tooth can become inflamed or die, especially if the tooth has had deep decay, a large filling or an injury. The tooth may then need root canal treatment and, less often, surgery or removal.
4. **Chipping or breakage.** Crowns and bridges can chip, crack or come loose, for example from biting hard foods or objects, grinding, or a blow to the mouth. A crack may not show until much later. Breakage soon after placement is rarely caused by faulty materials.
5. **How it feels.** A new crown or bridge can feel different from a natural tooth at first. Most people adjust within a few weeks. Occasionally, jaw muscle or joint soreness lasts longer.
6. **Appearance.** You will see your crown or bridge in your mouth before it is permanently cemented, so you can check and approve its shape and shade.
7. **Temporary crowns.** Temporaries are only meant to last a short time. If the appointment to place the final crown or bridge is missed or delayed, teeth can shift, and the final work may no longer fit and may need to be remade at extra cost.
8. **How long it lasts.** Lifespan depends on many things, including oral hygiene, diet, grinding or clenching, general health and regular checkups. No specific lifespan can be promised.

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Your part

Contact us promptly if anything feels wrong or unexpected. Follow the care instructions you are given, and keep all scheduled appointments, including the appointment to cement the final crown or bridge.

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.
- ☐ The fees for this treatment have been explained to me, and I accept them.

Consent. I consent to crown and/or bridge treatment, including any local anaesthetic and medication my dentist considers necessary.

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