

Crowns Consent

First Name - Patient

Last Name - Patient

Patient Date of Birth

Attending Dentist: Dr. Lago



Teeth

Price

Dentistry is not an exact science and there is no guarantee of results. When undergoing dental treatment with crowns and / or bridges, there are certain risks and the potential for failed results.

Crowns and / or bridges will require several appointments and have been recommended to me after a careful examination and diagnosis. Crown restorations cover and protect teeth that have been weakened by decay, other restorations, or nerve treatment. Crowns can also be used for cosmetic purposes. Bridge construction replaces lost teeth. Alternatives to bridges include: Dental implants, Partial dentures that are removable and supported on adjacent teeth.

Treatment with crowns and bridges may include the following risks:

- 1- Injury to the dental nerve in need of channel treatment
- 2- Numbness of the tissues as a result of the anesthesia administered during the procedure. These nerve injuries may last for weeks, months or, in rare cases, be permanent.
- 3- Mild to severe sensitivity of the teeth
- 4- Muscle pain or pain of the temporomandibular joint (TMJ)

Care should be taken during the time you have a temporary crown to ensure that it will be maintained until the final crown is delivered. The failure to attend the appointment to cement the crowns can lead to the final failure of the crown and bridges to fit correctly. Cosmetic results as a result of crowns and bridges are subjective therefore the result may not fully meet my expectations.

By signing below, I am acknowledging that I have read and that I have had this document in its entirety, I have had the opportunity to ask questions, which are answered to my satisfaction by what I feel I understand the information presented. I understand the possible risks, complications and side effects.

Informed consent: I voluntarily accept any and all possible risks, including the risk of substantial harm, if any, that may be associated with any phase of this treatment in hopes of obtaining the desired outcome. By signing this document, I authorize Dr. Lago to place Crowns in my teeth and furthermore I authorize Dr. Lago and /or his/her associates to render any services deemed necessary or advisable in the treatment of my dental condition, including the prescribing and administration of any medically necessary anesthetic agents and/or medications.

I have read and understand the above, and had my questions answered. I recognize there can be no guarantee as to the outcome of treatment, and I give my consent to surgery.

Print name

Signature

Clear