TRUSMILE DENTAL

Information and Informed Consent for CROWN/ VENEER or Bridgework

A dental CROWN/ VENEER or bridge is a tooth shaped cap/splinted caps which is placed over the defective teeth/missing teeth covering it/them restore them or fill the gaps in the dentition. It often takes only 2 visits to have a CROWN/ VENEER prepared and fitted.

What are CROWN/ VENEERs/bridges made from?

Permanent CROWN/ VENEERs can be made of all metal, porcelain-fused-to-metal, all resin, or all ceramic.

1. Compared with other CROWN/ VENEER types, less tooth structure needs to be removed with metal CROWN/ VENEERs, and tooth wear to the opposing tooth is kept to a minimum. The metallic colour is the main drawback.
2. Porcelain-fused-to-metal dental CROWN/ VENEERs can be colour matched to your adjacent teeth unlike metallic CROWN/ VENEERs). The CROWN/ VENEERs porcelain portion can also chip or break off. Next to all-ceramic CROWN/ VENEERs, porcelain-fused-to-metal CROWN/ VENEERs look most like normal teeth; however sometimes the underlying metal can show through as a dark line, especially at the gum line and even more so if your gum recede.
3. All-resin dental CROWN/ VENEERs wear down over time and are more prone to fractures than other types of CROWN/ VENEERs.
4. All-ceramic or All-porcelain dental CROWN/ VENEERs provide the best aesthetic look than any other type of CROWN/ VENEERs and may be more suitable for people with metal allergies.
5.

Treatment of dental conditions requiring CROWN/ VENEER and/or bridgework includes certain risks and possible unsuccessful results, including the possibility of failure. Even though care and diligence are exercised in the treatment of conditions requiring CROWN/ VENEER and/or bridgework and fabrication of the same, there are no promises or guarantees of anticipated results or the longevity of the treatment.

The risks, possible unsuccessful results and/or failure are, but not limited to, the following:

1. Reduction of tooth structures: In order to replace decayed or otherwise traumatised teeth it is necessary to modify the existing tooth or teeth so that CROWN/ VENEER(s) and/or bridge(s) may be placed. Tooth preparations will be done as conservatively as possible.
2. Injury: During the reduction of tooth structure or adjustments done to temporary restorations, it is possible for the tongue, cheek or other oral tissues to be inadvertently abraded or lacerated (cut). In some cases, sutures or additional treatment may be required.
3. Local anaesthesia: In order to reduce the tooth structure without causing undue pain during the procedure, it may be necessary to administer local anaesthetic. Such

administration may cause reactions or side effects which include, but are not limited to, bruising, hematoma, cardiac stimulation, temporary or, rarely permanent numbness of the tongue, lips, teeth, jaws and/or facial tissues, and muscle soreness.

4. Sensitivity to teeth: Often, after the preparation of teeth for the reception of either CROWN/ VENEER(s) or bridge(s), the teeth may exhibit sensitivity, which can range from mild to severe. This sensitivity may last only for a short period of time or may last for much longer periods. If sensitivity is persistent, this surgery should be notified immediately such that all possible causes of the sensitivity may be ascertained.
5. Teeth with the CROWN/ VENEER(s) or bridge(s) restoration may require further treatment. Teeth after being CROWN/ VENEERed (or during the treatment) may develop a condition known as pulpitis or pulpal degeneration. Usually, this cannot be predetermined. The tooth or teeth may have been traumatised from an accident, deep decay, extensive preparation, or other causes. It is often necessary to do root canal treatments in these teeth, particularly if teeth remain appreciably sensitive for a long period of time. Infrequently, the tooth (teeth) may abscess, develop and internal fracture or otherwise not heal completely. In this event, periapical surgery or even the extraction may be necessary.
6. Teeth with the CROWN/ VENEER(s)/bridge(s) restorations may be subject to further decay progress and subsequently require further treatment.
7. Breakage: CROWN/ VENEERs/bridges may possibly chip or break. Many factors can contribute to this situation such as chewing excessively hard materials, changes in biting forces exerted, traumatic blows to the mouth, etc. Unobservable cracks may develop in CROWN/ VENEERs from these causes, but CROWN/ VENEERs/bridges may not actually break until chewing soft foods, or for no apparent reason. Breakage or chipping rarely occurs due to defective materials or construction unless it occurs soon after placement of the CROWN/ VENEER or bridgework.
8. Aesthetics or appearance: Patients will be given the opportunity to observe the appearance of CROWN/ VENEERs/bridges in their mouths prior to final cementation. If satisfactory, this fact will be acknowledged and noted in patients' records.
9. Longevity of CROWN/ VENEERs/bridges: There are many variables that determine "how long" CROWN/ VENEERs/bridges can be expected to last. Among these are some of the factors mentioned in preceding paragraphs. In addition, general health, good oral hygiene, regular dental check-ups, diet, etc., can affect longevity. Because of this, no guarantee can be made or assumed to be made concerning how long CROWN/ VENEERs/bridgework will last.
10. It is the patient's responsibility to seek attention from the dentist should any undue or unexpected problems occur. The patient must diligently follow all instructions, including the scheduling and attending all appointments. Failure to keep the cementation appointment can result in ultimate failure of the inlay to fit properly and an additional fee may be assessed.

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INFORMED CONSENT:

I have been given the opportunity to ask any questions regarding the type, nature and purpose of CROWN/ VENEER and/or bridge treatment I am due to undergo and have received answers to my satisfaction. I have considered other treatment options or no treatment and have requested to have CROWN/ VENEER(s) and/or bridge(s) treatment done.
I am aware of all possible risks, which may be associated with any phase of this treatment and accept that the desired results may or may not be achieved.
The fee(s) for this service have been explained to me and are satisfactory.
No guarantees or promises have been made or implied to me concerning the results.

By signing this form, I am freely giving my consent to allow and authorise Dr. Sheraz and/or one of the Associate(s) to render treatment pertaining to inlay restoration considered necessary and/or advisable to my dental conditions, including the prescribing and administering of any medications and/or anaesthetics deemed necessary for my treatment.

Patient's Name: ……

Patient's Signature …… Date ……

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Acceptance Form:

Name of patient: ……..... D.O.B.....……

Name of parent or guardian (if applicable): …….....……

Restoration fitted: .....

by

Name: ..... Date: .....
(Dental Practitioner)

Patient declaration:

1. I am satisfied with the fit and the appearance
2. I have been given the oral hygiene and aftercare instructions
3. I have been shown how to use the appliance
4. I have given my consent to have the work fitted
5. I am aware that several further appointments may be necessary to adjust the work.

Signature: ..... Date: .....
(Patient/Parent/Guardian)

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