



## CONSENT FOR BRIDGES

Tooth # \_\_\_\_\_

I hereby authorize Dr. Tuan Nhu to perform fixed bridge therapy. I understand that Dr. Nhu is not a reconstructive dental specialist (prosthodontist), and I am declining immediate referral to a specialist at this time. I further understand that Dr. Nhu may cease treatment and make a referral to a specialist should any unanticipated difficulty or untoward event occur during or after treatment at my additional expense.

I understand that dental bridges are restorations that replace missing teeth. I further understand that the teeth that support bridges are altered irreversibly to provide room for the restorative materials needed to fabricate the bridge. I also understand that alternatives such as dental implants and removable partial dentures may be alternatives to bridge therapy, as well as doing nothing.

I understand that since healthy natural tooth is under the abutment crowns, they must be cleaned well. If not, decay can occur, which is the most common reason for the failure of a bridge.

It may be necessary to trim, remove, or recontour the gum tissues around the edge of the restoration for access to the margin—sometimes called a gingivectomy—at an additional cost. This is typically a minor procedure with minimal complications except soreness, delayed healing, or other unforeseen complications and may be performed with a laser, rotary instrument, or scalpel.

I understand that there are certain potential problems associated with crowns and bridges. These include, but are not limited to:

- ♦ Temporary plastic crowns may be used during the course of treatment to determine appropriate contours, bite, and tissue health. Some sensitivity may be expected with temporaries. It is my responsibility to report any significant discomfort or objections to the looks of front tooth temporaries as soon as it is realized so that prompt and appropriate corrections can be made prior to the final processing of the crown.
- ♦ **The potential need for endodontic (root canal) therapy.** The cumulative effects of cavities, fillings, and cracks in the teeth may necessitate a root canal. The need for a root canal may become apparent during a crown preparation or after a crown is made. Root canals can be performed through a crown, and then the bridge can usually be repaired, but it may need to be replaced at additional cost to me.
- ♦ **Periodontal (gum) disease can occur at any age**, with or without bridges. Generally speaking, crowns and bridges do not create or prevent gum disease. I understand that they require meticulous home care and maintenance.
- ♦ **Fractures to the porcelain** may occur after placement. Small fractures may be repaired, but significant fractures may require replacement of the crown at my additional expense.
- ♦ **Dark lines at the gumline** may appear on crowns or fixed bridges. If the gums recede after placement, I understand that these may show more prominently. I understand that if this becomes objectionable to me that it may be able to be corrected with gum surgery or replacement of the bridge at additional cost to me.
- ♦ **Recurrent tooth decay** can occur after placement. This may be corrected with a filling, or a new bridge may be needed. I understand that prevention in the form of fluoride treatments and home care is currently the best protection against decay. I further understand that if decay is severe enough, the decayed tooth may need to be removed.
- ♦ **Food impaction** may occur under a bridge—this may be an unavoidable condition, which may lead to tooth decay without adequate home care.
- ♦ **Temporomandibular Joint (TMJ) problems and tooth sensitivity** may occur following bridge therapy. This can usually be managed, but in rare occasions extensive treatment may be needed. I acknowledge that a detailed bite analysis and appropriate adjustment of the bite prior to bridge therapy is the best way to prevent these problems from occurring if they do not exist prior to bridge therapy.
- ♦ **Although reasonable attempts will be made to match the bridge to the rest of the teeth, many factors complicate shade selection, the shape of the bridge, and the esthetic result may not meet all of my expectations.**

I have read and understand the above information and have been informed of the treatment, any alternatives, and the benefits and risks involved in receiving fixed prosthodontic therapy. The consequences of doing nothing about my condition and the anticipated fees involved have been clearly presented. I understand that there is no guarantee as to how long a bridge may function until it requires replacement or repair.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_