



CONSENT FOR CROWN AND VENEER

Tooth # _____

I hereby authorize Dr. Tuan Nhu to perform crown therapy. I also 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 a full crown replaces all of the chewing surfaces of the tooth, as well as the sides of the tooth; essentially, it replaces the natural enamel crown of a tooth with an artificial material. I also understand that it may be necessary to build-up tooth structure with a resin material, which may require an additional fee.

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 dental crowns are made of resin, porcelain, metal, zirconia, or a combination of these and that veneers may be porcelain. Crowns may be tooth-colored, gold, or silver. I understand that gold crowns are usually considered to be the longest lasting of all materials.

I understand that there are certain potential problems associated with crowns which 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 and tissue irritation may be expected with temporaries. It is your 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 crown can usually be repaired, but it may need to be replaced at additional cost to you.
- ♦ **Periodontal (gum) disease can occur at any age**, with or without crowns. Generally speaking, crowns do not create or prevent gum disease.
- ♦ **Fractures to porcelain** may occur after placement. Small fractures may be repaired or polished, but significant fractures may require replacement of the crown at additional expense to you.
- ♦ **Dark lines at the gumline** may appear with crowns. This is the metal edge of the crown or the darkened root portion of the natural tooth. They may also occur if the gum tissues do not respond favorably to the edge of the crown, or if tissue bleeding complicates bonding procedures. If the gum recedes after placement, root surface may show. Sometimes these issues can be corrected with surgery; other times a new crown may be needed.
- ♦ **Recurrent tooth decay** can occur. This may be corrected with a filling, or a new crown may be needed. I understand that currently prevention in the form of fluoride treatments and home care is the best protection against decay. If it is severe enough, the tooth may have to be removed.
- ♦ **Temporomandibular Joint (TMJ) problems and tooth sensitivity** may occur following crown therapy. This can usually be managed, but in rare occasions extensive treatment may be needed. I understand that a detailed bite analysis and appropriate adjustment of the bite prior to crown therapy is the best way to prevent these problems from occurring if they do not exist prior to crown therapy.
- ♦ **Although reasonable attempts will be made to match the crown to the rest of the teeth, many factors complicate shade selection, the shape of the crown, 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 crown therapy. The consequences of doing nothing about my condition and the fees involved have been clearly presented. I understand that there is no guarantee as to how long a crown may function until it requires replacement or repair.

Patient Signature: _____

Date: _____

Dentist Signature: _____

Date: _____

Witness: _____

Date: _____