CROWN & BRIDGE TREATMENT CONSENT & AGREEMENT PACKAGE

1. Patient Information & Medical History Form

Personal Information

Full Name:
_____
Date of Birth: _____

NIC/Passport Number: _____
Phone Number: _____ Email Address: _____
Address:
_____

Medical History & Suitability Assessment

Question	Yes	No	If Yes, Provide Details
Do you have any chronic illnesses (e.g., diabetes, heart disease)?	☐	☐	
Are you on blood thinners or immunosuppressants?	☐	☐	
Have you undergone root canal treatment in the last 6 months?	☐	☐	
Do you have habits like teeth grinding or clenching?	☐	☐	
Have you experienced recent gum infections or bone loss?	☐	☐	
Are you allergic to any dental materials (e.g., metal, acrylic)?	☐	☐	
Are you pregnant or breastfeeding?	☐	☐	

I confirm the information provided above is accurate. I understand failure to disclose may affect treatment outcome.

Patient Signature: _____

Date: _____

Doctor's Name & Signature: _____

2. Crown & Bridge Treatment Consent Form

I, _____ (Patient Name), consent to receive dental crowns and/or fixed bridges at Veritas Dental Lounge. I understand and agree to the following:

- Crowns/bridges are artificial restorations placed on prepared teeth.
- Tooth preparation is irreversible and may involve removal of tooth structure.
- Root canal therapy may be needed before or after the procedure if pulp is exposed.
- Temporary crowns/bridges will be placed until the final prosthesis is delivered.
- Final restorations may differ slightly from natural teeth in color or shape.
- Crowns and bridges can fracture or come loose over time, requiring maintenance.
- Habits like grinding can affect the longevity of the prosthesis.
- Warranty coverage is subject to regular checkups and proper oral care.
- The material used (e.g., Zirconia, Porcelain-fused-metal) is selected based on clinical need and patient preference.

I have been informed of alternative treatments and freely choose to proceed.

Patient Signature: _____

Date: _____
Doctor's Signature: _____

3. Pre-Treatment Instructions & Guidelines

- Attend appointments as scheduled for preparation, impression, and fitting.
- Maintain oral hygiene before and during the process.
- Temporary crowns are fragile—avoid hard or sticky foods.
- Inform the clinic immediately if a temporary crown becomes loose or dislodged.

4. Post-Treatment Care & Responsibilities

- Brush and floss regularly around the crown/bridge area.
- Avoid biting hard objects or grinding your teeth.
- Use a mouthguard if advised.
- Attend periodic checkups every 6 months for maintenance.
- Contact the clinic if you feel pain, sensitivity, or detect any movement.

5. Financial Agreement & Refund Policy

- Full payment must be completed before issuing the final crown/bridge.
- Initial deposit is non-refundable after lab work is initiated.
- If patient misses or delays appointments, extra charges may apply for adjustments or reimpressions.
- No refund is applicable once the final crown/bridge is cemented.
- Warranty is void if follow-ups are not attended or damage is due to misuse.

6. Liability Waiver & Dispute Resolution Clause

- I understand that dental crowns/bridges may need replacement in the future.
- Veritas Dental Lounge is not responsible for failure due to poor oral hygiene, trauma, or non-compliance.
- I acknowledge that outcomes may vary based on biological and material factors.
- Any disputes will be resolved through mediation first; failing that, they will be governed under Sri Lankan law.

7. Photography & Marketing Consent (Optional)

☐ I consent to the use of my before-and-after photos for educational/marketing purposes (without identifying details).
☐ I do NOT consent to the use of my treatment photos.

Patient Signature: _____

Date: _____

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