VERITAS
DENTAL LOUNGE

INFORMATIONAL INFORMED CONSENT
REMOVAL OF CROWNS AND BRIDGES

PATIENT INFORMATION:

Full Name: _____

Date of Birth: _____ Gender: _____

Address: _____

Phone Number: _____ Email: _____

TREATMENT INFORMATION:

Procedure: Removal of Crowns and Bridges

Date of Procedure: _____ Time: _____

Dentist's Name: _____ Clinic Location: _____

PURPOSE OF THE PROCEDURE: The removal of crowns and bridges may be performed for the following reasons:

- To preserve and reclaim crowns and/or bridges that have fractured while in the mouth.
- To perform necessary treatment on a tooth that is difficult or impossible to treat without removing the existing crown or bridge.
- To confirm the presence of dental decay or other pathology that may be difficult to detect or may be obscured while the crown/bridgework is in place.

POTENTIAL RISKS AND ALTERNATIVES:

I UNDERSTAND that REMOVAL OF CROWNS AND BRIDGES includes possible inherent risks such as, but not limited to the following; and also understand that no promises or guarantees have been made or implied that the results of such treatment will be successful.

1. Fracture or breakage: Many crowns and bridges are fabricated either entirely in porcelain or with porcelain fused to an underlying metal structure. In the attempt to remove these types of crowns there is a distinct possibility that they may fracture (break) even through the attempt to remove them is done as carefully as possible.

2. Fracture or breakage of tooth from which crown is removed: Because of the leverage of torque pressures necessary in removing a crown from a tooth, there is a possibility of the fracturing or chipping of the tooth. At times these fractures are extensive enough to necessitate extracting the tooth.

3. Trauma to the tooth: Because of the pressure and/or torque necessary in some cases to remove a crown, these pressures or torque may result in the tooth being traumatized and the nerve (pulp) injured which may necessitate a root canal treatment in order to preserve the tooth. Instruments used to remove crowns and bridges may inadvertently lacerate the gums, other tissues within the mouth, and tongue.

4. Failure of conventional methods in removing crowns: There are certain methods and instruments which are utilized in conventional attempts to remove crowns from teeth. In some instances, none of these methods or instruments will effectively remove the crown from a tooth may result in the tooth being inadvertently extracted. This may necessitate a new bridge or an addition and extension of the existing bridge if the tooth is an abutment tooth for a bridge; or construction of a bridge if this is an individual tooth within an existing arch or teeth.

5. Inadvertent extraction of the crowned tooth: In extremely rare cases, the amount of pressure or torque necessary to remove the crown from a tooth may result in the tooth being inadvertently extracted. This may necessitate a new bridge or an addition and extension of the existing bridge if the tooth is and abutment tooth for a bridge; or construction of a bridge if this is an individual tooth within and existing arch of teeth.

6. As in other types of dental treatment: It is the patient's responsibility to seek attention should any undue circumstances occur postoperatively. The patient must diligently follow any preoperative and postoperative instructions given.

INFORMED CONSENT:

I acknowledge that I have been given the opportunity to ask any questions regarding the nature and purpose of removing crowns and/or bridges and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No promises or guarantees have been made to me concerning desired results of this procedure.

I understand that the fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr…_____..and/or his/her associates to render any treatment advisable to my dental conditions, including any and all anesthetics and/or medications.

Existing Crown Age: _____years old.

Patient's Signature: _____Date: _____

Parent/Guardian Consent (if applicable): I, the undersigned, am the parent or legal guardian of the patient named above. I consent to the removal of crowns and bridges on behalf of the patient.

Parent/Guardian's Signature: _____Date: _____