

This form can be filled out on a computer, printed, then hand signed.

Nature of Crown Restorations

A crown restoration has been recommended for me on the following tooth/teeth: # _____
Crown restorations cover and protect teeth that have been weakened by decay, prior restorations, or root canal treatment. Crowns can also be placed to change the bite or for cosmetic purposes. Crowns require at least two visits to complete treatment. Many times, additional visits are required beyond the first two for adjustments. At the first visit, Dr. Tan will reduce the size of the tooth to make room for the crown to fit on the remaining portion of the tooth. After this is complete, an impression, or mold, of the preparation is made using a rubbery material. A plastic temporary crown is held on the tooth with temporary cement while a dental laboratory is making the crown restoration. It is important to return for the cementation of the new crown as soon as it is ready in order to reduce the chance of re-decay or other problems. If the cementation appointment is delayed, there is an increased risk that the permanent crown will not fit properly, and will need to be made over again at the patient's expense.

Diagnosis

This crown recommendation is based on visual examination(s), x-rays, models, photos, and other diagnostic tests taken, and on my doctor's knowledge of my medical and dental history. My needs and wants have also been taken into consideration. The crown restoration is necessary because of;

Extensive Decay Broken Tooth Decay Around Large Prior Filling Change In My Bite Cosmetic Purposes

Other: _____

The intended benefit of a crown restoration is to replace natural tooth structure and restore the tooth to normal function. The crown restoration may also relieve current symptoms of discomfort I may be having.

Alternatives to Crown Restorations

Depending on my diagnosis, there may or may not be alternatives to a crown restoration that involve other types of dental care. I understand that possible alternatives to crown restorations may be:

1. Other restorative alternatives, such as onlay, inlay, veneer, or tooth colored filling material.
2. Extraction. I may choose to have the tooth/teeth removed. The extraction tooth/teeth usually requires replacement by artificial means of a fixed bridge, dental implant, or removable partial denture.
3. No treatment. I may choose to not have any treatment performed at all. If I choose no treatment, my condition may worsen and I may risk serious personal injury, including severe pain, localized infection, loss of this tooth and possibly other teeth, severe swelling, and/or infection.

Please note: Monies paid for treatments and services already rendered cannot be refunded or exchanged for additional work. Also, should complications arise during treatment, Dr. Tan reserves the right to refer the patient to a specialist and any fees for specialist care will be the sole responsibility of the patient.

Risk of Crown Restorations

I have been informed and fully understand that there are certain inherent and potential risks associated with crown restorations. I understand that the nerve inside my tooth may be irritated by treatment, and I may experience pain or discomfort during and/or after treatment that may require additional treatment such as a root canal.

I understand that once prior fillings and decay are removed, it may reveal a more severe condition of my tooth. This condition may require additional treatment, such as root canal, gum surgery, extraction, or other associated treatments. I also understand that the color and shape of the crown, while intended to mimic natural teeth, may not be a complete match with my natural teeth. I also understand that crowns can feel different than normal teeth, and may also increase the risk of food becoming lodged in between the teeth.

I also understand that it is my responsibility to inform the office if my temporary falls off and to attend the crown delivery appointment timely, as these factors determine how well the final crown may seat. Failure to do so can result in compromising the fit of the final restoration and necessitate a re-do by the lab. Should this be necessary, I understand that I will be responsible for the full lab costs.

The nature and purpose of crown treatment has been explained to me, and I have had an opportunity to have my questions answered. I understand that dentistry is not an exact science and success cannot be guaranteed. In view of the above information, I authorize the doctor and/or such associates and assistants as necessary to render any treatment necessary for my dental condition including any and all anesthetics and/or medications.

Patient's or Guardian's Signature (please sign in pen)

Today's Date