

CROWN & VENEER CONSENT FORM

Treatment involves restoring damaged areas of the tooth above and below the gum-line with a crown restoration of a tooth with a crown requires two phases: 1) preparation of the tooth, an impression to send to the lab, and construction and temporary cementation of a temporary crown; and later, 2) removal of the temporary crown, adjustment and cementation of the completed crown when esthetics and function have been verified.

Approximate cost will be _____

Once a temporary crown has been placed, it is essential to return to have the new crown placed as soon as it is ready because the temporary crown is not intended to function as well as the permanent crown. Failing to replace the temporary crown with a completed one could lead to decay, gum disease, infections, problems with your bite, and even loss of the tooth. Anterior (front tooth) veneer treatment involves removing less tooth structure than a crown preparation. It is irreversible because part of the tooth's enamel must be removed.

Approximate cost: _____.

Benefit of Crowns and Veneers, not limited to the following:

A crown is typically used to strengthen a tooth damaged by decay, fracture, or previous restoration. It can also serve to protect a tooth that has had root canal treatment or improve the way your other teeth fit together. Crowns and veneers will be used for the purpose of improving the appearance of damaged, discolored, misshapen, misaligned, or poorly spaced teeth.

Risks of Crowns and Veneers, not limited to the following:

I understand that preparing a damaged tooth may further irritate the nerve tissue (called the pulp) in the center of the tooth, leaving my tooth feeling sensitive to heat, cold, or pressure. Such sensitive teeth may require additional treatment including endodontic or root canal treatment. I understand that holding my mouth open during treatment may temporarily leave my jaw feeling stiff and sore and may make it difficult for me to open wide for several days. This can occasionally be an indication of a further problem. I must notify your office if this or other concerns arise. I understand that a crown or veneer may alter the way my teeth fit together and may make my jaw joint feel sore. I understand that my speech may sound like a "lisp" for several days, weeks or months. This may require adjusting my bite by altering the biting surface of the crown or veneer or adjacent teeth.

I consent to the crown preparation and placement as described above by Dr. _____

I consent to the veneer preparation and placement as described above by Dr. _____

Patients Signature _____ **Date** _____

I attest that I have discussed the risks, benefits, consequences, and alternatives of crowns and veneers with _____ (patient's name) who has had the opportunity to ask questions, and I believe my patient understands what has been explained.

Dentist's Signature _____ Date _____

Witness's Signature _____ Date _____