



Cambridge Dental Hub



Love Your Smile

1 Brooke House, Kingsley Walk, Newmarket Road, Cambridge, CB5 8TJ

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01223363277

reception@cambridgedentalcare.co.uk

www.cambridgedentalhub.co.uk

Dr David Gilmartin, Dental Surgeon

Dr I-Chun (Mago) Peng, Dental Surgeon

Dr Jonathan Dixon, Dental Surgeon

Dr Etienne Deysel, Sedationist

Dr Gulelala Azhar, Dental Surgeon

Dr Konstantinos Tzamalass, Specialist Orthodontist

Dr Alvaro De Castro Torres, Dental Surgeon

Mrs. Nur Gilmartin, Dental Hygienist

Dr Jaime De Castro Torres, Dental Surgeon

Dr Casey Prawairadiraja, Dental Surgeon

Dr Monica Cueva Moya, Dental Surgeon

Miss Sam Singleton, Practice Manager

Informed Consent for Cerec Restorations (including Crowns, Bridges, Veneers and inlays)

Signing this form means that the patient understands that treatment of dental conditions requiring Cerec Restorations includes certain risks and possible unsuccessful results, with even the possibility of failure. The patient therefore agrees to assume those risks, possible unsuccessful results and/or failure associated, but not limited to the following: (Even though care and diligence is exercised in the treatment of conditions requiring Cerec Restorations and fabrication of the same, there are no promises or guarantees of anticipated results or the longevity of the treatment).

1. Type of restoration:

There are various types of Cerec Restorations, for example some restorations involve more tooth destruction, some are stronger than others, some have better cosmetic results. The choices are outlined in the Cerec Leaflet that you have been given. It is important that you read this and understand the choices etc before you make your decision.

We also offer a choice of materials and these are outlined in the leaflet you have been given. You have a choice of at least 3 materials and each has different qualities and each varies in cost.

2. Reduction of tooth structure:

In order to replace decayed or otherwise traumatized teeth, it is necessary to modify the existing tooth or teeth so that Cerec Restorations may be placed upon them. Tooth preparation will be done as conservatively as practical. In preparation of teeth, anesthetics are usually needed. At times, there may be swelling, jaw muscle tenderness or even a resultant numbness of the tongue, lips, jaws and/or facial tissues which is usually temporary, or rarely, permanent.

Sometimes it is necessary to grind (Drill) the opposing teeth to recontour their surface. This may be done for esthetic, occlusal or other reasons. This is done as conservatively as possible and will also be discussed and agreed beforehand.

3. Teeth with Cerec Restorations may require root canal treatment:

Teeth after having a Cerec restoration placed on them may develop a condition known as pulpitis or pulpal degeneration. The tooth or teeth may have been traumatized from an accident, deep decay, extensive preparation, extensive operative history or other unknown causes. It is often necessary to do root canal treatments in these teeth.

Infrequently, the tooth (teeth) may abscess or otherwise not heal which may require root canal treatment, root surgery, or possibly extraction. If root canal treatment, extraction or other further treatment are required then extra charges will apply.

4. Breakage:

Cerec Restorations may possibly chip or break. Many factors could contribute to this situation such as chewing excessively hard materials, changes in biting forces, trauma to the mouth, etc. Unobservable cracks may develop in Cerec Restorations from these causes, but the Cerec Restorations may not actually break until chewing soft foods or possibly for no apparent reason. Breakage or chipping seldom occurs due to defective materials or construction unless it occurs soon after placement.

All Porcelain Cerec Restorations, though having a better cosmetic appearance than restorations containing metal, are more prone to fracture/break.

In cases where the patient has a heavy bite, grinds their teeth or has multiple crowns/bridges/implants or veneers then we strongly recommend that they consider a night guard. We strongly suggest that they read the literature we provide on night guards.

5. Esthetics or appearance:

Patients will be given the opportunity to observe the appearance of Cerec Restorations in place prior to final cementation. It is understood that while an effort will be made to match the new restorations to existing tooth color when appropriate, it may be extremely difficult or impossible to achieve an exact match and a difference may be noticeable.

6. Uncomfortable or strange feeling:

This may occur because of the differences between natural teeth and the artificial replacements. Most patients usually become accustomed to this feeling in time. In limited situations, muscle soreness or tenderness of the jaw joints (TMJ) may persist for indeterminate periods of time following placement of the prosthesis.

7. Longevity of Cerec Restorations :

There are many variables that determine how long Cerec Restorations can be expected to last. Among these are some of the factors mentioned in preceding paragraphs. Additionally, general health, good oral hygiene, regular dental checkups, diet, etc., can affect longevity.

Patient must understand that Cerec restoration treatment does not make the remaining tooth/teeth immune to additional dental disease, and that proper hygiene, including brushing and especially interdental cleaning must be maintained to prevent this occurrence.

By their very nature teeth that require a crown are compromised and have a reduced lifespan. This is especially true for root treated teeth and teeth which have posts place in the canals as these teeth have a relatively high risk of failure.

This is why we make no guarantees or promises concerning the expected results, and if the crown or underlying tooth fails, requires replacement, requires recementation, extraction, Root Canal Treatment etc then extra charges will apply.

8. Sensitivity of teeth:

Often, after the preparation of teeth for the reception of either Cerec Restorations , the teeth may exhibit sensitivity. It may be mild or severe. This sensitivity may only last for a short period of time or may last for much longer periods. If it is persistent, notify us in as much as this sensitivity may be from some other source.

In some cases the sensitivity may be so severe that the tooth may require root treatment or extraction. In these cases and extra charge will apply.

9. Changes to treatment plan:

Treatment plans are developed based on information available from radiographic and intraoral examination. While every effort has been made to produce a complete and comprehensive treatment plan, situations may arise where while treatment is being performed; additional findings may be observed which necessitate changes to existing treatment plans. When the treatment plan changes, extra charges will apply.

It is understood that treatment rendered up to the point when changes occur are the responsibility of the patient, whether or not previous treatment would have been necessary in light of new findings. Furthermore, before starting treatment, patient recognizes and accepts this possibility.

10. Ongoing/subsequent treatment after the crown has been cemented.

It is a patient's responsibility to seek attention from this practice should any undue or unexpected problems occur. In a case where the patient choses further treatment from another dentist the patient must assume the full responsibility for the payment of that treatment. This includes replacent, recemention, extraction etc.

The patient must diligently follow any and all instructions, including the scheduling and attending of all appointments. Failure to keep the cementation appointment can result in ultimate failure of the Cerec restoration to fit properly and an additional fee will be assessed.

Notes:

Signing this Informed consent form is an acknowledgement that the dentist has explained the various options for treatment/restoration, including the options of a filling, an alternative type of crown or no treatment at all.

In addition it is an acknowledgement that we have explained the planned procedure and the likely complications.

In addition it is an acknowledgement that we have given you the opportunity to ask any question regarding the nature and purpose of Cerec restoration treatment and have received answers to my satisfaction.

In addition it is an acknowledgement that we have given you the opportunity to delay your decision.

In addition it is an acknowledgement that we have given you the opportunity to seek a second opinion.

In addition it is an acknowledgement that we have given you a leaflet on Cerec Restorations that explains the choices of materials etc, and that the choices, their advantages and disadvantages, risks etc have been explained to my satisfaction.

The fee(s) for services have been explained to me and are satisfactory.

I realize that signing this form does not mean that I am under an obligation to have any treatment and that I may decide not to proceed with all or any part of the treatment. Similarly signing this means that I pay for the treatment that I actually have done. I hereby consent to the proposed dental treatment and acknowledge that it is being provided as a private patient.

Patient's Name (Print)

Signature of patient, legal guardian or authorized representative,

Date