



The Hub Dental Practice



Love Your Smile 775 Witan Gate, Central Milton Keynes MK9 2FW

Love Your Smile

01908 690326 reception@TheHubDentalPractice.com www.TheHubDentalPractice.com

Dr David Gilmartin,
Dr Kamilah Makda
Dr Chivani Tailor,
Dr Ivo Zdravkov,
Dr Allen Betsis,
Dr Etienne Deysel, Sedationist

Dr Aaron Lopez, Specialist Periodontist
Dr Monica Cueva Moya, SI Periodontics
Dr Gulelala Azhar, SI Restorative,
Dr Giovanni Marras, PLT Periodontics
Miss Sam Singleton, Practice Manager
Mrs. Nur Gilmartin, Dental Hygienist

Dr Alvaro De Castro Torres, SI Dental Implants & RCT
Dr Konstantinos Tzamalal, Specialist Orthodontist
Dr Iyad Abou-Rabii, PLT Dental Implants & Oral Surgery
Dr Ezgi Cilingir, PLT Dental Implants & Periodontics
Dr Jonathan Harper, PLT Endodontics
Dr Jaime De Castro Torres, SI Dental Implants

Informed Consent for Treatment involving Bridge Work

I understand that treatment of dental conditions requiring bridge includes certain risks and possible unsuccessful results, with even the possibility of failure.

I agree 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 bridge 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 bridges, for example some restorations in involve more tooth destruction, some are stronger than others, some have better cosmetic results. The choices are outlined in the Bridge Leaflet that you have been given. It is important that you read this and understand the choices etc before you make your decision,

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 a bridge 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.

3. Teeth under or attached to the Bridge may require root canal treatment:

These teeth 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. If teeth remain too sensitive for long periods of time following Bridges are fitted, root canal treatment may be necessary. 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 is required then extra charges will apply. Patient understands that additional un-foreseen treatments that become necessary are neither a part of the previous treatment nor optional.

4. Breakage:

A bridge 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 a bridge from these causes, but the bridge 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.

In general terms the bonded bridges are less likely to fracture/break than All Porcelain ones. All Porcelain bridge sthough having a better cosmetic appearance are more prone to fracture/break.

5. Sensitivity of teeth:

Often, after the preparation of teeth for the reception of either a bridge, 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.

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 indeterminable periods of time following placement of the prosthesis.

7. Esthetics or appearance:

Patients will be given the opportunity to observe the appearance of the bridge 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.

Unless the Bridge is described as Metal Free then there will always be metal included and this will always be visible to some extent, especially on the tongue/palate side. Bonded bridge means Porcelain bonded to metal.

8. Longevity of A bridge:

There are many variables that determine how long a bridge 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 Bridge 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.

9. Alternative Options:

There are several alternatives to bridges, including no treatment. Each choice has advantages and disadvantages, possible complications etc. We have various leaflets and other information to help patients decide their choice.

It is essential that patients make an informed decision so if you need more information we always suggest a delay in starting treatment.

10. 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.

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.

It is a patient's responsibility to seek attention from the dentist should any undue or unexpected problems occur. 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 Bridge to fit properly and an additional fee may be assessed.

Your Agreement:

Signing this Informed consent form is an acknowledgement that the dentist has explained verbally and with leaflets, the various options for treatment/restoration, including the options of a denture, an implant, orthodontic treatment or no treatment at all.

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

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

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 bridges that explains the choices of materials (All metal, All ceramic, Bonded metal/ceramic etc, and that the choices, their advantages and disadvantages, risks etc have been explained to my satisfaction.

No guarantees or promises have been made to me concerning the results. The fee(s) for services have been explained to me and are satisfactory. By signing this document, I am freely giving my consent to allow Dr Gilmartin and/or his/her associates to render any treatment necessary and/or advisable to my dental conditions including the prescription and administration of any medications and/or anesthetics deemed necessary to my treatment. **(CF Bridge)**

Name _____ **Date of Birth** ____//____//____

Signature _____ **Date** ____//____//____