



The Hub Dental Practice



Love Your Smile

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Informed Consent for Crowns (Lab Made)

I understand that treatment of dental conditions requiring crowns 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 crowns 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 crowns, for example some restorations involve more tooth destruction, some are stronger than others, some have better cosmetic results. The choices are outlined in the Crown Leaflet that you have been given. It gives the types eg all ceramic and mixed metal/ceramic. It gives their advantages and disadvantages.

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 crowns (caps) 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 reduce (Drill) or recontour adjacent or opposing teeth for aesthetic or occlusion reasons; this will be done as conservatively as practical.

3. Crowned teeth may require root canal treatment:

Teeth after being crowned 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 crowning, 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. Patient understands that additional un-foreseen treatments that become necessary are neither a part of the previous treatment nor optional.

4. Breakage:

Crowns 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 crowns from these causes, but the crowns 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 Crowns are less likely to fracture/break than All Porcelain ones. All Porcelain Crowns though having a better cosmetic appearance are more prone to fracture/break.

5. Esthetics or appearance:

Patients will be given the opportunity to observe the appearance of crowns 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 Crown 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 Crowns means Porcelain bonded to metal.

5. Following Post Treatment/appointment Instructions:

It is essential that patients read and follow the post treatment instruction leaflets especially those that relate to anesthetics and prescription medications. Post treatment leaflets are always given to patients who have treatment.

6. Sensitivity of teeth:

Often, after the preparation of teeth for the reception of either crowns, 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.

7. 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.

8. Longevity of crowns:

There are many variables that determine how long crowns can be expected to last. Among these are some of the factors mentioned in preceding paragraphs. Very important are also general health, regular checkups and diet.

Patient must understand that crown treatment does not make the remaining tooth/teeth immune to additional dental disease, and that proper hygiene, including brushing and especially interdental cleaning, good diet and regular dentist and Hygienist appointments must be maintained to prevent this occurrence.

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.

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 post operative instruction leaflets as well as scheduling and attending of all appointments. Failure to keep the cementation appointment can result in ultimate failure of the crown to fit properly and an additional fee may be payable.

Your Agreement:

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 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 explained in the event of complications for example the tooth requires a root canal then extra charges will apply

In addition it is an acknowledgement that we have given you the opportunity to ask any question regarding the nature and purpose of crown 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 crowns 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.

In addition it is an acknowledgement that we have explained that the longterm success of all dental care depends on the patients Oral Hygiene, diet and attendance for regular dental/hygienist appointments

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 and allow Dr Gilmartin and/or his 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.

I hereby consent to the proposed dental treatment and acknowledge that it is being provided as a private patient.

(CF Cerec)

Name _____

Date of Birth // //

Signature _____

Date // //