



Love Your Smile

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Love Your Smile

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Consent for Fibre Bridge Treatment

Terms and conditions:

- A regular visit (every 6 months) to the dentist for evaluation of the splint/bridge is very important.
- Three monthly visits to the *oral hygienist* are strongly recommended.
- Daily oral hygiene maintenance of the splint/bridge, as demonstrated to the patients, cannot be emphasized enough.

Patients must be aware of the following:

During the first 48 hours after Fibre reinforced composite treatment, you will experience

- A feeling of tightness because teeth are bonded together.
- The saliva glands might produce more saliva because of the new foreign object on the teeth.
- The speech might be very slightly affected.
- Any rough or sharp edges or points must be reported to the dentist during the follow up appointment or before that.
- Smoking, Tea, Coffee, Red wine and some other *food* and drinks may cause discoloration of white filling material. This can easily be corrected if it does occur.

Patients understanding:

I understand that treatment of dental conditions requiring bridge includes certain risks and possible unsuccessful results, **with 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 guarantee of anticipated results or the longevity of the treatment).

1. 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.

2. 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 *though* having a better cosmetic appearance are more prone to fracture/break.
- All repairs to the splint/bridge, necessary will be done free of charge during the first 12 months.

3. 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.

4. 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.

5. 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.

6. Longevity of A bridge:

Fibre bridge treatment is a temporary measure and is not meant to last. Failure is inevitable.

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.

Three monthly visits to the oral hygienist are strongly recommended.

Daily oral hygiene maintenance of the splint/bridge, as demonstrated to the patients, cannot be emphasized enough

7. 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.

8. 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.

I realize that signing this form does not mean that I am under an obligation to have any Cerec 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.

(CF Fibre Bridge)

Patient's Name (Print) **Date of birth** // //

Signature of patient, **Date** // //