

The Hub Dental Practice Informed Consent for Post used under Crown/Bridge

Signing this form means that the patient understands that treatment of dental conditions requiring Post

1 Introduction

A post is the part of the restoration (crown/bridge) which is used to anchor/support the restoration. By its very nature there is a high risk of failure. This is for two main reasons: the remaining root structure is weak and the existing Root treatment carries a significant risk of failure.

Whilst the tooth is being prepared a root perforation may be found which will mean the tooth requires an extraction. In some cases the perforation can be repared but the chances of success are usually very small.

The post may not remain in place and may need to be recemented.

The remaining root may fracture resulting in the need for extraction.

Restorations include 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) there are no promises or guarantees of anticipated results or the longevity of the treatment).

2. Reduction of tooth structure:

Please read the Consent form on Tooth Reduction.

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

Please read the Consent form on Root Canal.

4. Uncomfortable or strange feeling:

Please read the Consent form on Crowns

5. Breakage:

Post Restorations may possibly fracture. Many factors could contribute to this situation such as chewing excessively hard materials, changes in biting forces, trauma to the mouth, etc.

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.

6. Longevity of Post Restorations:

There are many variables that determine how long Post 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 post 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 post are VERY compromised and have a reduced lifespan. This applies to ALL teeth.

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

7. 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, the patient recognizes and accepts this possibility.

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

Please read the Consent form on Crowns

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 post 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 Crown 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.

(Informed Consent for Post used under Crown/Bridge)

Patients Name _____ Patients Date of Birth Signature Date

