



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 Tzamalass, 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 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 it involves a high risk of failure. This is for two main reasons: the remaining root structure is weak and the Existing Root treatment always carries a significant risk of failure.

This means that:

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 repaired 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:

Post restorations involve more tooth destruction. 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:

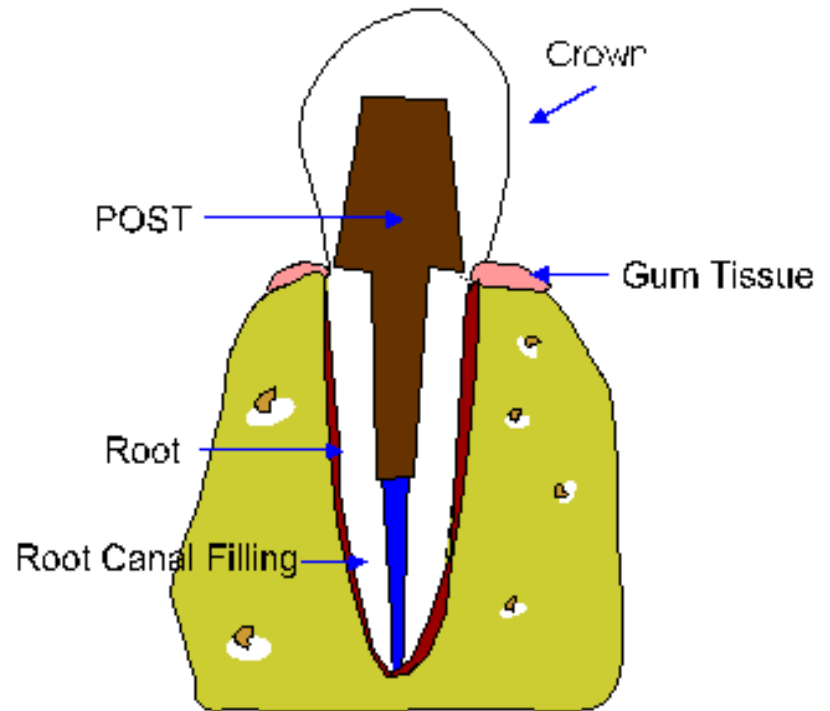
Teeth after having a post restoration placed on them may develop apical infections which may mean a new root canal or extraction is needed.

If root canal treatment, extraction or other further treatment are required then extra charges will apply.

4. 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.



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 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.

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 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 _____