



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, Dentist
Dr Gulelala Azhar, Dentist
Dr Elisabet Cortes, Dentist
Dr Maria Del Barrio, Dentist
Dr Etienne Deysel, Sedationist

Dr Jaime De Castro Torres, Dentist
Dr Jonathan (Jonnie) Dixon, Dentist
Dr Monica Cueva Moya, Dentist
Dr Alvaro De Castro Torres, Dentist
Mrs. Nur Gilmartin, Dental Hygienist

Dr Aaron Lopez, Specialist Periodontist
Dr Konstantinos Tzamalal, Specialist Orthodontist
Dr Giovanni Marras, Dentist PLT Periodontics
Dr Iyad Abou-Rabii, Dentist PLT Oral Surgery
Miss Sam Singleton, Practice Manager

Informed Consent for recementation of Maryland Bridges

1. Teeth may require root canal treatment after having Maryland/adhesive bridges recemented:

Teeth attached to Maryland/adhesive bridges may develop a condition known as pulpitis or pulpal degeneration.

It is often necessary to do root canal treatments in these teeth. If teeth remain too sensitive for long periods of time following treatment, 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.

2. Breakage:

Restorations may possibly chip or break during the recementation procedure or afterwards.

3. 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.

4. Sensitivity of teeth:

Often, after the recementation of Maryland/adhesive bridges, 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. Longevity of Maryland Bridges that are recemented:

Maryland bridges have a very high risk of failure, and **THIS IS WHY YOU ARE HERE TODAY**. Once a Maryland bridge debonds (comes off) then repeated failure is almost guaranteed and that **SUBSEQUENT FAILURE MAY BE MEASURED IN MINUTES**.

THIS IS WHY WE OFFER NO WARRANTY, PROMISES OR GUARENTEE CONCERNING THE RESULTS. IN THE EVENT THAT THE REMENTATION OF THE RESTORATION FAILS AT ANY TIME AFTER PAYMENT HAS BEEN MADE THEN NO REFUND WILL BE GIVEN.

It is a patient's responsibility to seek attention from the dentist should any undue or unexpected problems occur.

Your Agreement:

I understand that the recementation of Maryland/adhesive bridges 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 recementation, there are no promises or guarantees of anticipated results or the longevity of the treatment).

Signing this Informed consent form is an acknowledgement that the dentist has explained the various options, including the options of no treatment at all. In addition it is an acknowledgement that we have given you the opportunity to ask any question regarding the nature and purpose of Maryland/adhesive bridges recementation 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.

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 including the lack of warranty (see 5 above) and acknowledge that te treatment is being provided as a private patient. **(CF recementation of Crowns, Veneers and Bridges)**

Patients Name _____

Patients Date of Birth ____//____//____

Signature _____

Date ____//____//____