



Informed Consent for Laboratory Made Restorations (including Crowns, Bridges, Veneers and inlays)

Signing this form means that the patient understands that treatment of dental conditions requiring Laboratory Restorations includes 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 of conditions requiring Laboratory Restorations and fabrication of the same, there are no promises or guarantees of anticipated results or the longevity of the treatment).

1. Type of restoration:

The choices are outlined in the Laboratory Leaflet that you have been given. It is important that you read this and understand the choices etc before you make your decision.

2. Reduction of tooth structure:

Please read the consent form for tooth reduction. Sometimes it is necessary to grind (Drill) the opposing teeth. 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 become sensitive and/or require root canal treatment:

Please read the consent form for tooth reduction

4. Breakage:

Laboratory Restorations 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 Laboratory Restorations from these causes, but the Laboratory Restorations 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. All Porcelain Laboratory Restorations, are more prone to fracture/break. 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. Esthetics or appearance:

Patients will be given the opportunity to observe the appearance of Laboratory Restorations 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.

6. 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 indeterminate periods of time following placement of the prosthesis.

7. Longevity of Laboratory Restorations :

There are many variables that determine how long Laboratory 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.

By their very nature teeth that require a Laboratory Restoration are compromised and have a reduced lifespan. This is especially true for root treated teeth and teeth which have posts place in the canals as these teeth have a relatively high risk of failure.

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

However we offer a limited 1 year warranty for some crowns and bridges.

8. Ongoing/subsequent treatment after the Laboratory Restoration 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 chooses further treatment from another dentist the patient must assume the full responsibility for the payment of that treatment. This includes replacement, recementation, 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 Laboratory restoration to fit properly and an additional fee will be assessed.

What you are acknowledging:

Signing this Informed consent form is an acknowledgement that the dentist has explained the various options for treatment/restoration, including the options of 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 Laboratory 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 or to seek a second opinion.

In addition it is an acknowledgement that we have given you a leaflet on Laboratory 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.

(CF Lab Made Crowns)

Name _____ Date of Birth ____//____//____

Signature _____ Date ____//____//____