



# The Hub Dental Practice



## Consent for recementation of Crowns, Veneers and Bridges. (Root Fracture)

For the purposes of this consent form a "Restoration" means either a Crown, a Veneer or Bridge.

### 1. Teeth may require root canal treatment after having Restorations recemented:

Teeth after being recemented 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 crowning, 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 Restorations, 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. Breakage of the Root of the Tooth

There is a large risk that the root may fracture when the crown is removed. This would mean that a new crown and post could be required. In addition a Root Canal may be required. In addition the tooth may need to be extracted and either denture/bridge or implant may need to be placed. In case of any of these complications additional charges would apply.

### 6. Longevity of Restorations that are recemented:

There are many variables that determine how long recemented Restorations can be expected to last. THIS IS WHY WE OFFER NO WARRANTY, PROMICES OR GUARENTEE CONCERNING THE RESULTS. IN THE EVENT THAT THE REMENTATION OF THE RESTORATION FAILS, THEN NO REFUND WILL BE GIVEN.

### 7. Removal of tooth structure

There is a high risk that recementing will expose dentine and/or decay quick then reqiores tooth preparation and all the associated risk of tooth loss. In the event that a new restoration and/or further treatment is required further charges will apply

### 8. Damage to existng restoration and/or need for a new restoration.

There is a high risk of damage to the restoration which may mean loss of porcelain or fracture. In the event that a new restoration and/or further treatment is required further charges will apply

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 crowns, veneers and 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 restoration 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 and acknowledge that it is being provided as a private patient.

(CF recementation of Crowns, Veneers and Bridges Root Fracture)

Patients Name \_\_\_\_\_

Patients Date of Birth \_\_\_\_//\_\_\_\_//\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_//\_\_\_\_//\_\_\_\_