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IMPLANT CROWN COSNENT FORM

After an implant is placed in the jaw bone and has become Osseointegrated (locked within the bone) it is ready to be restored. This is done by placing an abutment on top of the implant. It is held in place by a screw. Over the top of the abutment will sit the crown.

Breakage: Crowns may possibly chip or break. Many factors could contribute to this situation such as chewing excessively hard materials, changes in biting forces, traumatic blows to the mouth, etc. Unobservable cracks may develop in a crown from these causes, but the crown may not actually break until chewing soft foods or for no apparent reason. Assuming no extraordinary event such as a blow to the jaw, car accident, sport's injury.

Loosening of the implant-abutment-crown complex: As the implant-abutment-crown complex functions when chewing stress is put on the complex. If the stresses become too high it could lead to negative effects on the complex. The implant may become loose and fail. The screw that holds the abutment to the implant may become loose which can lead to a "wobble" feeling with the crown. The crown may come off the implant. If any looseness occurs, notify our office immediately.

Esthetics or appearance: Patients will be given the opportunity to observe the appearance of the crown in place prior to final cementation. Since a synthetic material is being made to imitate natural tooth structure, by its nature it will never be an exact reproduction of enamel.

A temporary crown may be part of the process: If a temporary crown is made it is used to help maintain the shape of the gum tissue, hold adjacent teeth in place so they don't drift, or to provide an esthetic solution. Should the temporary crown come off, it's the patient's responsibility to contact our office for its being put back on.

Night guards or retainers: After a crown is placed a currently fitting night guard, bite splint or retainer may not fit. Slight modifications can be attempted, but we cannot guarantee that it will fit. As a result, a new night guard, bite splint or retainer will need to be made at an additional fee.

Notifications: If a patient develops a problem it is the patient's responsibility to notify the doctors and/or staff of Dlight Dental. Through this notification we will be able to act on the patient's behalf. Attempts to correct a problem may occur at our office or a referral to another health care practitioner may be warranted.

Guarantees: The practice of dentistry is not an exact science and no procedure is 100% successful. The doctors and/or staff at Dlight Dental have made no guarantees of a successful outcome.

I have been given the opportunity to ask any questions regarding the nature and purpose of the proposed treatment and have received answers. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired and/or any results from the treatment to be rendered to me. The fee(s) for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize the doctors and staff at Dlight Dental involved in rendering any services they deem necessary or advisable to treatment of my dental conditions

Patient (Guardian) signature patient (Guardian) print name date