

CONSENT FOR CROWN BRIDGE REMOVAL

PURPOSE: There are some reasons to remove an individual crown or bridge that has been previously cemented to place:

1. Attempt to preserve and reclaim crowns and/or bridges that have fractured while in the mouth;
2. To render some type of necessary treatment to a tooth that is difficult or impossible to perform render treatment without removing the existing crown or bridge;
3. Confirm the presence of dental decay or other pathology that may be difficult to detect or may be obscured while the crown/bridgework is in place.
4. Current crown and/or bridge is made poorly that caused some pathological conditions on the tooth and/or surrounding tissue, or put the teeth in predisposing condition to any possible pathology.

I UNDERSTAND that REMOVAL OF CROWNS AND BRIDGES includes possible inherent risks such as, but not limited to the following; and also understand that no promises or guarantees have been made or implied that the results of such treatment will be successful.

1. Fracture or breakage: Many crowns and bridges are fabricated either entirely in porcelain or with porcelain fused to an underlying metal structure. In the attempt to remove these types of crowns there is a distinct possibility that they may fracture (break) even though the attempt to remove them is done as carefully as possible.
2. Fracture or breakage of tooth from which crown is removed: Because of the leverage or torque pressures necessary in removing a crown from a tooth, there is a possibility of the fracturing or chipping of the tooth. At times these fractures are extensive enough to necessitate extracting the tooth.
3. Trauma to the tooth: Because of the pressure and/or torque necessary in some cases to remove a crown, these pressures or torque may result in the tooth being traumatized and the nerve (pulp) injured which may necessitate a root canal treatment in order to preserve the tooth. Instruments used to remove crowns and bridges may inadvertently lacerate the gums, other tissues within the mouth, and tongue.
4. Failure of conventional methods in removing crowns: There are certain methods and instruments which are utilized in conventional attempts to remove crowns from teeth. In some instances, none of these methods or instruments will effectively remove the crown. It may then become necessary in these instances to resort to removing the crown by cutting the crown from the tooth which will either severely damage or destroy the crown. This will require a new crown to be made.
5. Inadvertent extraction of the crowned tooth: In extremely rare cases, the amount of pressure or torque necessary to remove the crown from a tooth may result in the tooth being inadvertently extracted. This may necessitate a new bridge or an addition and extension of the existing bridge if the tooth is an abutment tooth for a bridge; or construction of a bridge if this is an individual tooth within an existing arch of teeth.
6. After removal of crown and bridge, residual tooth structure need to be reassessed for restorability. In some case, the crown tooth and/or abutment tooth from the bridge may



be found to be unrestorable due to extensive recurrent caries and/or existing fracture, which will lead to necessity of the extraction of the tooth/teeth.

7. As in other types of dental treatment: It is the patient's responsibility to seek attention should any undue circumstances occur postoperatively. The patient must diligently follow any preoperative and postoperative instructions given.

INFORMED CONSENT: I acknowledge that I have been given the opportunity to ask any questions regarding the nature and purpose of removing crowns and/or bridges and have received answers to my satisfaction. 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 results, which may or may not be achieved. No promises or guarantees have been made to me concerning desired results of this procedure. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Doctors in Dlight Dental to render any treatment advisable to my dental conditions including any and all anesthetics and/or medications.

Patient (Guardian) signature

Patient (Guardian) print name

date

