Walnut Dental

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10 Fyfield Barrow, Walnut Tree, Milton Keynes MK7 7AN

Authorisation And Informed Consent

For Crown / Onlays / Veneers And Bridge Prosthetics

I understand that treatment requiring crowns / onlays / veneers, or bridge work carries certain risks, including the possibility of failure. Some of the risks include, but are not limited to:

- Reduction of the tooth structure: In order to replace decayed or otherwise traumatised teeth, it is necessary to modify the existing tooth or teeth so that crowns / onlays / veneers or bridge work may be placed upon them. Tooth preparation will be done as conservatively as practical. In the preparation of teeth, anaesthetics are usually needed. At times, there may be swelling, jaw muscle tenderness, or even a resultant numbness of the tongue, lip, teeth, jaw, and / or facial tissue, which is usually temporary or very rarely permanent.
- Sensitivity of teeth: Often, after the preparation of teeth or the placement of either crowns / onlays / veneers or bridge work, the teeth may exhibit sensitivity. It may be mild to severe. This sensitivity may last only for a short period of time or may last for much longer periods. If it is persistent, notify us, as this sensitivity may be from some other source.
- Prosthetically restored teeth may require root canal treatment: After being prepared, teeth may develop a condition known as pulpitis or pulpal degeneration. The tooth or teeth may have been traumatised from an accident, deep decay, extensive preparation, or other causes. It is often necessary to do root canal treatment in these teeth. Root canal treatment may be required if teeth remain sensitive for long periods of time following preparation. Infrequently, the tooth (teeth) may abscess or otherwise not heal, which may require root canal treatment, root surgery, or possibly extractions.
- Breakage: Crowns / onlays / veneers or bridge work may possibly chip or break. Many factors could contribute to this situation, such as chewing hard materials excessively, changes in biting forces, traumatic blows to the mouth, etc. Unobservable cracks may develop from these causes, but the porcelain restoration 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.
- 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 placements of the prosthesis.
- Aesthetics or appearance: Patients will be given the opportunity to observe the appearance of the prosthetic restoration in place prior to final cementation.
- Longevity of crowns / onlays / veneers or bridge work: There are many variables that determine “how long” these can be expected to last. Some of the factors are mentioned in the preceding paragraphs; additionally, general health, good oral hygiene, regular dental check-ups, diet, etc, can affect longevity. Because of this, no guarantees can be made or assumed to be made.

As a patient, it is your responsibility to consult with the dentist should any undue or unexpected problems occur. The patient must diligently follow ALL instructions, including scheduling and attending all appointments. Failure to attend the cementation appointment within the recommended timeframe may result in failure of the restoration as it may not fit properly, and an additional fee may be incurred.

Even though care and diligence are exercised throughout prosthetic treatment, there are no promises or guarantees of anticipated results or the longevity of the treatment.

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Informed Consent:

I have been given the opportunity to ask any questions regarding the nature and purpose of crowns / onlays / veneers, or bridge work treatment, and have received answers to my satisfaction.

I understand and acknowledge all possible risks, including those listed above, which may be associated with any phase of this treatment in the hope of obtaining the desired results, which may or may not be achieved. I am aware that there is no guarantee or promise concerning the results of this treatment.

The fee(s) for the service have been explained to me and are satisfactory.

By signing this document, I am freely giving consent to allow and authorise Dr Maria Vasilache to proceed with the treatment of a _____ **for** _____ **tooth/ teeth.**

Date consent form given to patient

Date consent form returned to dentist

Patient Name

Patient Signature