

I UNDERSTAND that restoring oral health with CROWNS AND/OR FIXED BRIDGES, which I desire to have performed, include certain risks and possible unsuccessful results or procedural failure. Even though care and diligence will be exercised in this treatment, there are no guarantees of desired or anticipated results, or of the longevity of the treatment. I AGREE to assume the risks, possible unsuccessful results or procedural failure associated with the treatment, including but not limited to the following:

_____(initials) Reduction of tooth structure: In order to replace/repair decayed, esthetically compromised, or traumatized teeth it is necessary to reduce/modify the existing tooth or teeth so that crowns and/or bridges may be placed over them. Tooth reduction/preparation will be done as conservatively as possible.

_____(initials) During the reduction of tooth structure or adjustments done to temporary restorations, it is possible for the tongue, cheek or other oral tissues to be inadvertently abraded or lacerated (cut). In some cases, sutures or additional treatment may be required to correct the inadvertent trauma.

_____(initials) In order to prepare tooth structure for crown placement, it will be necessary to administer local anesthetic to prevent pain during the procedure. Administration of local anesthetics may cause reactions or side effects which include, but are not limited to, bruising, hematoma, cardiac stimulation (rapid heartbeats), allergic reactions, temporary and/or permanent numbness of the tongue, lips, teeth, jaws and/or facial tissues, and muscle soreness. I understand and accept these risks.

_____(initials) Often, after the preparation of teeth for the placement of either crowns or bridges, the teeth may exhibit sensitivity, which can range from mild to severe. This sensitivity may last only for a short period of time or may last for much longer periods. If sensitivity is persistent, the doctor should be notified immediately such that all possible causes of the sensitivity may be diagnosed and treated.

_____(initials) After crowns and bridges have been placed on teeth, they may develop a condition known as irreversible pulpitis or pulpal necrosis. These conditions cannot be predetermined. The tooth, or teeth, have almost always been traumatized from an accident, deep decay, extensive preparation, or other causes. It is often necessary to do root canal therapy in these teeth, particularly if teeth remain appreciably sensitive for a long period of time following crown or bridge preparations. Infrequently, the tooth/teeth may abscess or otherwise not heal completely. In this event, periapical surgery or even extraction may be necessary.

_____(initials) Porcelain crowns and bridges may possibly chip or break. Many factors can contribute to this situation such as chewing excessively hard materials, changes in biting forces, trauma to the mouth, etc. Unobservable cracks may develop in crowns and bridges from these causes, but they may not actually break until chewing soft foods, or for no apparent reason. Breakage or chipping seldom occurs due to defective materials or construction unless it occurs soon after placement.

_____(initials) An uncomfortable or strange feeling may occur due to 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 (TMD) and sensitivity to bite may persist for indeterminable periods of time following placement of the crown or bridgework. If so, you need to contact the doctor for possible additional treatment.

_____(initials) Patients will be given the opportunity to observe the appearance of crowns or bridges in their mouths prior to final cementation. If satisfactory, this fact will be acknowledged by you, the patient, and recorded in your chart, or on an additional consent form.

_____(initials) There are many variables that determine "how long" crowns and bridges can be expected to last. Some of these factors have been mentioned in preceding paragraphs. In addition, general health, good oral hygiene, regular dental checkups, diet, etc., can affect longevity. Because of this, no guarantees or warranties can be made or assumed concerning how long crown and bridgework will last.

_____(initials) It is the patient's responsibility to seek attention from the dentist should any undue or unexpected problems occur. The patient must diligently follow any and all instructions, including the scheduling and attending all appointments. Failure to keep the cementation appointment can result in ultimate failure of the crown/bridge to fit properly and an additional fee may be assessed.

VOLUNTARY INFORMED CONSENT TO TREATMENT

As indicated by my initials above and my signature below, the doctor and dental team have given me the opportunity to read this document in its entirety and have allowed me to ask any and all questions pertaining to the procedure(s) above, their nature and purpose. They have also explained to me alternative forms of treatment and the risks of nontreatment. They have answered all my questions and concerns to my satisfaction with language I could understand. I voluntarily assume any and all possible risk, including risk of substantial harm, if any, which may be associated with any phase of this, or any unforeseen additional, dental treatment in hopes of obtaining the desired results for me, or for my minor child or ward. I also voluntarily assume the risk that the desired result may not be achieved. I have also been given the option to seek treatment from a specialist. No guarantees or warranties have been made to me concerning the results. Moreover, the fee(s) associated with these services have been explained to me, and I accept the financial responsibilities.

By signing this form, I am willingly, under no duress, giving my consent to allow and authorize the doctor, dental team members, and their associates, to render any treatment they believe necessary, appropriate, and/or beneficial to me, or my minor child or ward, including the administration and prescribing of any/all anesthetics and/or medications.

Patient's Name	Signature of Patient, Legal Guardian, or Authorized Representative	Date
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Tooth Number(s)	Witness to Signature	Date
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Healthcare Provider's Name	Signature of Healthcare Provider	Date
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Dr. Rod Maxfield
31 W 100 S, STE A
Pleasant Grove, UT 84062
www.RodMaxfieldDDS.com
801-785-2631