

INFORMED CONSENT FOR CROWN PREPARATION AND PLACEMENTS

A crown is indicated when a tooth has been weakened by excessive decay, fracture, cracks, large fillings, root canals or broken cusps. Crowns can also be used to correct the bite or improve the appearance of a tooth.

Crowns involve two visits. At the first visit, the outer layer of the tooth is removed to create space for the crown. All old fillings are removed to insure there is no decay under them. If we find, once the old filling has been removed, that there is not enough tooth structure remaining to put the crown on, we will need to rebuild the tooth. We use a filling material to form a buildup of the tooth. This is called a crown build-up and results in an additional fee. Once the tooth has been prepared, we take an impression, select a shade for the crown to match your other teeth and make a temporary crown for you to wear until the permanent one is received from the dental laboratory. (This takes about two weeks) At the second appointment, we try in the crown to make sure it seals around the edges and fits against the surrounding teeth. Often the crown or surrounding teeth require slight adjustments to insure a proper fit. On occasion, the crown may need to be sent back to the lab or remade completely. If the fit is correct and you are happy with the look of the crown, we will permanently place the crown onto the tooth.

The materials that the crown is made from cannot decay, but the tooth structure below the edge of the crown can, so it is very important that you keep the tooth clean. Statistics have shown that you should expect to get seven to ten years out of a crown but with proper care they can last much longer than that. Expect the tooth to feel 'strange' for a while after the crown is permanently placed. There may also be some slight temperature sensitivity for a few weeks, but this should pass. On occasion, preparing a tooth for a crown may cause a flair-up of a previously undiagnosed nerve problem or create a nerve irritation that will require the tooth to undergo nerve therapy in order to save it. If you have discomfort after the crown is placed, please call our office and we will be glad to see you as soon as possible.

By signing below you acknowledge that you have read this document, understanding the information presented and have had all of your questions answered to your satisfaction.

Patient Name: _____

TOOTH # _____

Signatures:

Patient: _____

Date: _____

Doctor: _____

Date: _____