

# **CROWN CONSENT FORM**

## **ABOUT THE PROPOSED TREATMENT**

**A crown has been recommended to restore one or more of your teeth to optimal health. A dental crown is used to repair badly broken down teeth. A crown entirely covers the chewing surface of the tooth and most of the sides of the tooth. It prevents tooth fractures, improves appearance, and can eliminate food traps between teeth. The procedure involves reshaping your tooth, taking a mold of your tooth, and at a second appointment cementing a custom-made crown onto your natural tooth.**

## **TREATMENT RISKS/COMPLICATIONS**

**While 95% of crown procedures are completed without any additional treatment, occasionally a tooth can fail to heal and become uncomfortable after the procedure. Depending on the symptoms, the tooth may require root canal treatment to be completed at an additional cost. After the permanent crown is cemented future decay is possible if the tooth is not maintained properly.**

## **CONSEQUENCES OF NOT PERFORMING TREATMENT**

**Without a crown to reinforce the tooth, your tooth will most likely break. This may require the tooth to be extracted or require root canal treatment/gum surgery in addition to a crown. An implant, bridge, or denture may be needed.**

**ALTERNATIVES: Do nothing. Extraction.**

## **SEATING OF PERMANENT CROWN**

**I understand that if I do not follow through with having the permanent crown seated within the recommended time, I will possibly incur additional costs if the crown needs to be remade.**

**Patient's Name (Print): \_\_\_\_\_**

**Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Witness & Date \_\_\_\_\_**