21 W Duarte Rd. #A, Arcadia, Ca 91776

Tel: 626-821-9970 Fax: 626-821-0996 Email: 21dentalgroup@gmail.com

CROWN AND BRIDGE INFORMED CONSENT

| | CROWN AND BRI | | MIVIED CONSE | |
|---|--|--|--|--|
| Patient Name: | | ooth Numbe rep Deli | | Date: |
| modify the existing tooth or teeth a done as conservatively as practical swelling, jaw muscle tenderness or is usually temporary, or rarely permanents. | E: In order to replace do so that crown and/or book. In preparation of the to even resilient numbne | ecayed or oth ridges may be eeth anesthe | nerwise traumatize placed upon the | m. Tooth preparation will be eeded. At times there may be |
| SENSITIVITY OF TEETH: Often, after may exhibit sensitivity. It may be motify us inasmuch as this sensitivity. CROWNED OR BRIDGE ABUTMENT traumatized from an accident, dee canal treatment on these teeth. In | r the preparation of tee nild to severe. This sens ty may be from some o F TEETH MAY REQUIRE p decay extensive prep | itivity may la ther source. FURHTER TR aration, or ot | st for much longe EATMENT: The to her causes. It is o | r periods. If it is persistent, ooth or teeth may have been ften necessary to do root |
| root canal treatment or even extra BREAKAGE: Many factors could comaterials, changes in biting forces, from these causes, but the crowns, reason. Breakage or chipping seldo placement. Any damage made due UNCOMFORATBEL OR STRANGE Fartificial replacements. Most patients or tenderness of the jaw | ction. ntribute to chipping and traumatic blows to the bridges may not actuate on occurs due to defect to carelessness will resetting: This may occurate usually become accurate. | d breakage of mouth, etc. Ily break unti ive materials sult in an add because the ustomed to t | f prosthetics, as clunobservable crall chewing soft focor construction clitional fee for republic differences betweens feeling in time | newing excessively hard cks may develop in crowns ds or possibly for no apparentaless it occurs soon after lacement. een natural teeth and the |
| placement of the prosthesis. ESTHETIC OR APPERANCE : Patients delivery. Once agreed, and prosthe changes need to be made, addition | s will be given the oppo | rtunity to ob | serve appearance | of prosthetics prior to |
| IT IS THE RESONSIBILITYTO SEEK AT OCCUR. THE PATIENT MUST DILIGORY ATTENDING ALL APPOINTMENTS. FAILURE OF THE CROWN/BRIDGE T | ENTLY FOLLOW ANY AI FAILURE TO KEEP THE (| N D ALL INSTR CEMENTATIO | UCTIONS, INCLUIN APPOINTMENT | DING THE SCHEDULING AND CAN RESULT IN ULTIMATE |
| The nature and purpose of crown a have my questions answered. I und guaranteed, in view of the above in necessary to render any treatment and/or medications. I have provide medical history and medical condit to which I am allergic. I will follow a me. | derstand that dentistry aformation, I authorize necessary and/or adviced as accurate and comicions, antibiotics, drugs | is not an exac Dr. Ngoc Lan sable to my d olete a medic or other med | ct science and suc Vo and/or such a ental condition in al and personal h lications I am curi | cess with treatment cannot be ssociates and assistants as cluding any all anesthetics istory as possible, including tently taking as well as those |
| I,and/or fixed bridgework includes of agree to assume those risks, possible following: (even though care and dand fabrication of same, there are | ertain risks and possibl ble unsuccessful results liligence is exercised in | e unsuccessfo and/or failur the treatmen | ul results, with even e associated with t of conditions re | , but not limited to the quiring crown and bridgework |
| Patient's Signature | Doctor's Signature | | Date | |