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

Patient's Signature

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Crown and Bridge Informed Consent

Patient Name:	Tooth Number(S):	Date:
REDUCTION OF TOOTH STRUCTURE : In order to replace modify the existing tooth or teeth so that crown and/or done as conservatively as practical. In preparation of the swelling, jaw muscle tenderness or even resilient numbers usually temporary, or rarely permanent.	bridges may be placed upon the teeth anesthetics are usually ness of the tongue, lips teeth, ja	em. Tooth preparation will be eeded. At times there may be ws and/or facial tissues which
SENSITIVITY OF TEETH: Often, after the preparation of t may exhibit sensitivity. It may be mild to severe. This se notify us inasmuch as this sensitivity may be from some	nsitivity may last for much longe	_
crowned or bridge abutment teeth may require traumatized from an accident, deep decay extensive precanal treatment on these teeth. Infrequently, the tooth, root canal treatment or even extraction.	RE FURHTER TREATMENT: The to eparation, or other causes. It is o	ften necessary to do root
BREAKAGE: Many factors could contribute to chipping a materials, changes in biting forces, traumatic blows to the from these causes, but the crowns/bridges may not acture reason. Breakage or chipping seldom occurs due to defend placement. Any damage made due to carelessness will runcomforatbel or strange feeling: This may occur	ne mouth, etc. Unobservable cra ually break until chewing soft foo ective materials or construction of esult in an additional fee for rep	icks may develop in crowns ods or possibly for no apparent unless it occurs soon after llacement.
artificial replacements. Most patients usually become ac soreness or tenderness of the jaw joints (TMJ) may pers placement of the prosthesis.	ccustomed to this feeling in time	. In limited situations, muscle
ESTHETIC OR APPERANCE : Patients will be given the op delivery. Once agreed, and prosthetics is complete, pati changes need to be made, additional fees can be charge	ent cannot change appearance o	
IT IS THE RESONSIBILITYTO SEEK ATTENTION FROM THE OCCUR. THE PATIENT MUST DILIGENTLY FOLLOW ANY ATTENDING ALL APPOINTMENTS. FAILURE TO KEEP THE FAILURE OF THE CROWN/BRIDGE TO FIT PROPERLY AND	AND ALL INSTRUCTIONS, INCLU E CEMENTATION APPOINTMENT	DING THE SCHEDULING AND CAN RESULT IN ULTIMATE
The nature and purpose of crown and bridge treatment have my questions answered. I understand that dentisting guaranteed, in view of the above information, I authorize necessary to render any treatment necessary and/or ad and/or medications. I have provided as accurate and commedical history and medical conditions, antibiotics, drug to which I am allergic. I will follow any and all treatment me.	ry is not an exact science and suct te Dr. Ngoc Lan Vo and/or such a visable to my dental condition in mplete a medical and personal h gs or other medications I am cur	ccess with treatment cannot be associates and assistants as acluding any all anesthetics aistory as possible, including arently taking as well as those
I, (print name) under and/or fixed bridgework includes certain risks and possi agree to assume those risks, possible unsuccessful result following: (even though care and diligence is exercised if and fabrication of same, there are no promises or guarantees.	ts and/or failure associated with n the treatment of conditions re	en the possibility of failure. I , but not limited to the quiring crown and bridgework

Doctor's Signature

Date