Consent form for Fixed Prosthodontic Treatment

(Crowns, Bridges, and Post-and-Core Restorations)

Name: ..... Age: ..... HN: ....., have voluntarily decided to undergo fixed prosthodontic treatment involving ..... unit(s) on tooth/teeth number(s): ..... I acknowledge that I have been informed about the nature, risks, and alternatives to this treatment and have read or received an explanation of the following:

1. Tooth Reduction

In order to replace decayed or fractured teeth, it is necessary to reduce the existing tooth structure to create space for crowns or bridges. I understand that part of my natural tooth structure will be removed.

2. Local Anesthesia and Temporary Numbness

Tooth preparation may involve local anesthesia. Side effects may include swelling, soreness in jaw muscles, or temporary numbness of the lips, tongue, teeth, jaw, or facial tissues. In rare cases, numbness may persist.

3. Tooth Sensitivity

It is common to experience sensitivity following tooth preparation or crown/ bridge placement. This can range from mild to severe and may last for a short or extended period. Persistent symptoms should be reported to the dentist.

4. Tooth Decay Under Crowns/Bridges

There is a risk of recurrent decay beneath crowns or bridges, particularly if oral hygiene is inadequate. This risk depends on factors such as oral hygiene, diet, and regular dental care. No guarantee can be made regarding prevention of decay.

5. Potential Need for Root Canal Treatment

Teeth receiving crowns or bridges may develop pulpitis or pulp degeneration, especially if the tooth was previously damaged or deeply decayed. Root canal treatment may become necessary if prolonged sensitivity or infection occurs. In some cases, extraction may be required.

6. Post-and-Core Treatment

Teeth that have undergone root canal therapy and require post-and-core restoration may develop complications such as apical lesions, root fractures, or cracks. If lesions occur, retreatment or apical surgery may be required. In cases of deep or vertical fractures, the tooth may not be salvageable and could require extraction.

7. Fracture Risk

Crowns and bridges can chip, crack, or fracture due to factors such as biting hard objects, trauma, or bruxism (grinding). Micro-cracks may not be immediately visible but can lead to breakage over time. Fractures due to material defects are rare and usually occur soon after placement.

8. Discomfort or Unfamiliar Sensation

Crowns and bridges are artificial and may feel different from natural teeth. Most patients adapt over time. However, some may experience persistent discomfort, muscle pain, or temporomandibular joint (TMJ) issues.

9. Esthetics and Appearance

9.1 The final prosthesis may not perfectly match the natural tooth color or translucency. Temporary restorations may be used during the treatment period and may dislodge. It is the patient's responsibility to notify the dentist if this occurs.
9.2 I understand that any requests to alter the color, size, shape, or other aspects of the prosthesis must be made before final cementation.
9.3 I understand that any changes to the treatment plan, including materials used, should be communicated before the final impression. Any changes after this point may incur additional laboratory fees.

10. Longevity of Restorations

The lifespan of crowns and bridges depends on many factors including oral hygiene, diet, bite force, and regular dental check-ups. No guarantees can be made regarding how long the restorations will last.

11. Patient Responsibilities

It is the patient' s duty to follow all professional advice, attend scheduled appointments, and seek care promptly if issues arise. Failure to comply with instructions or to return for cementation appointments may result in improper fit, requiring remakes at additional cost.

12. Treatment Fees

Treatment fees are based on the current fee schedule of the Dental Hospital, Faculty of Dentistry, Prince of Songkla University.

13. Patient Consent

I have been informed about the nature, purpose, risks, and alternatives of fixed prosthodontic treatment including crowns, bridges, and post-and-core restorations. I have had the opportunity to ask questions and understand the possible outcomes, including potential failure. I accept all risks and associated costs.

☐ I consent to undergo fixed prosthodontic treatment as described.

☐ I decline fixed prosthodontic treatment. I understand the possible consequences of not receiving treatment.

Signature: ..... Signature: .....

(.....) (.....)

Treating Dentist Patient / Authorized Representative

Relationship to the patient: .....

Signature: ..... Signature: .....

(.....) (.....)

Witness Witness

Date: ..... Time: .....

Note:

1. If the patient comes alone, please note “Patient came alone” in the witness signature field.
2. If the patient is under 18 years old, a parent or guardian must sign the patient/guardian field.