Consent Form for Cracked Tooth Treatment

Prince of Songkla Dental Hospital, Faculty of Dentistry

Name: ..... Age: ..... HN: .....

hereby decide to undergo treatment for a cracked tooth, tooth no. ....., total of ..... tooth/teeth.

I acknowledge that I have read/been informed of the treatment plan and the following information:

Facts for Consideration

A cracked tooth is a condition in which a crack develops in the tooth structure. Symptoms may include pain or sensitivity when chewing or eating. Cracks can be caused by trauma, chewing hard foods, bruxism (teeth grinding), or natural aging.

Treatment depends on the location and extent of the crack.

Benefits of Treatment

Treatment varies based on the severity and depth of the crack:

1. If the crack is superficial, sealing the crack with a restorative material may reduce sensitivity. A metal band may be placed temporarily to stabilize the tooth. If the tooth remains symptom-free, a permanent crown will be placed.

2. If the crack extends into the pulp and causes pain, root canal treatment is necessary to remove infection before a crown can be placed.

3. If the crack extends vertically and deeply into the root, splitting the tooth, the tooth cannot be saved and must be extracted.

Risks of Treatment

Cracked teeth are difficult to diagnose and predict. It may be unclear how deep the crack extends. A tooth initially treated with a crown may later require root canal therapy if symptoms or periapical lesions develop. Even a root canal–treated and crowned tooth may require extraction if the crack extends too deep and compromises surrounding periodontal structures.

Cracks may allow bacteria to infiltrate, especially if the full extent of the crack cannot be completely sealed during restoration.

Prognosis and Contributing Factors

Good: The crack does not extend below the gumline and there is no periodontal pocket. **Uncertain:** The crack extends below the gumline, but no periodontal pocket is present. **Poor:** The crack extends below the gumline and a periodontal pocket is present.

Treatment Costs

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

Patient's Decision

I have read/been informed about cracked tooth conditions, treatment options, associated risks, potential outcomes, and related costs. I am satisfied with the information provided.

☐ I consent to receive treatment for the cracked tooth and accept the associated risks.

☐ I do not consent to receive treatment for the cracked tooth. I acknowledge that I have received

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.