



Consent form for Fixed Prosthodontic Treatment (Crowns and Bridges) Full Mouth Rehabilitation Case Dental Hospital

Patient Information:

Name: Age: HN:
have decided to undergo fixed prosthodontic treatment for tooth number(s),
totaling teeth.

I have read/been informed about the treatment related to fixed prosthodontics, including:

1. The dentist has explained the advantages, disadvantages, alternatives, treatment plans, potential complications, and estimated costs. The dentist will proceed with evidence-based treatment to achieve the best outcome for me.
2. I participated in choosing the treatment plan, inquiring about the pros and cons of each plan to make an informed decision. I also acknowledge the estimated costs of the selected plan.
3. I understand the general treatment steps and estimated time frame.
4. Since full-mouth rehabilitation is a complex procedure, it may involve treatment from other dental specialties before receiving the prosthodontic treatment. Therefore, the exact duration and cost of treatment cannot be precisely determined.
5. In some cases, increasing the occlusal vertical dimension may be necessary. The patient must follow the treatment plan, which may involve wearing removable prosthodontic appliances that could initially interfere with eating, speaking, and aesthetics. The patient must adapt during this period.
6. The initial treatment plan is only a rough outline. It may be modified as treatment progresses. The dentist will inform the patient before making any changes.
7. Each treatment step requires time to evaluate the function of the prosthetic tools used. The patient should be available for appointments as scheduled by the dentist.
8. After completing the treatment, the patient must follow the dentist's instructions and return for follow-ups as scheduled.

Treatment Cost:

Based on the latest revised fee schedule of the Dental Hospital, Faculty of Dentistry, Prince of Songkla University.

Patient Decision:

I have read/been informed about the fixed prosthodontic treatment, asked the dentist about treatment options and related costs.

I have received satisfactory answers regarding the procedures, risks, benefits, and expenses.

☐ I consent to undergo fixed prosthodontic treatment and accept the related risks and costs as stated. I also consent to dental X-rays as needed throughout the treatment.

☐ I do not consent to undergo fixed prosthodontic treatment. I acknowledge having received the necessary information and accept the consequences of not receiving the 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.