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INFORMED CONSENT FOR SINGLE UNIT CROWNS, VENEERS, OR MULTIPLE UNIT BRIDGES

A crown is an extracoronal (fitting over and around the tooth) restoration. A veneer is an all porcelain restoration covering only the facial surface. Crowns and veneers may be placed for a number of reasons:

1. To strengthen a tooth weakened by decay or fracture. Standard of care criteria requires that a crown should be discussed if a cusp is missing or if greater than one half the diameter of the tooth is decayed or filled.
2. To improve the occlusion or to reestablish the proper function due to wear or poor position.
3. To replace an older, larger filling that is contributing to periodontal disease due to roughness or poor contour or contact.
4. As an anchor on a multi-unit bridge or as an abutment for a removable partial denture.
5. At the patient's request to improve aesthetics.

Types of Crowns:

CAST CROWNS are either full metal (yellow gold or white platinum gold) or porcelain fused to gold. These are very strong restorations. The porcelain bonded to gold is a very strong and aesthetic restoration. Full gold may be used where the aesthetics are not a concern to the patient.

ALL PORCELIN CROWNS AND VENEERS are without a doubt the most beautiful and lifelike of all dental restorations. The porcelain substrate crown (or veneer) is chemically bonded (not cemented) to the tooth. The advance characteristics of this type of porcelain allow light to penetrate deeper and to be reflected and refracted back to the eye much like natural tooth enamel. This restoration can be utilized on most anterior (front) teeth and many back teeth. In some select situations this material can be utilized for a fixed bridge. This is the restoration of choice for cosmetic bonding on front teeth.

For any crown or veneer restoration please understand:

1. Any restoration may be sensitive to temperature or to chewing. This may be very transient or may increase, necessitating endodontic (root canal) therapy. We insulate and try in every way to protect the pulp, but the patient must fully understand and accept the risk of reversible or irreversible pulp damage.
2. During preparation of the tooth, additional decay or fracture may be noted. There may be an exposure of the pulp necessitating endodontic (root canal) therapy. While every effort is made to accurately diagnose pathology, some pathology may escape detection until preparation. This may alter the fee and treatment plan.
3. No dental restoration is considered permanent or fracture proof. The life expectancy of any dental restoration depends heavily upon proper patient care: excellent brushing,

flossing, fluoride, and regular doctor/hygienist exams. No promises can be given for the useful life of any dental restoration.

4. The desired aesthetic outcome may not be fully achieved. Our best efforts and materials may sometimes fall short of a patient's expectations. This is especially true when trying to match only one front tooth to the remaining teeth. For optimal aesthetic results, multiple restorations may be considered. While we always offer our best, we cannot guarantee 100% aesthetic satisfaction. Once a crown or veneer is seated, only minor changes can be effected. The shade cannot be altered after seating.
5. The shape or contour of the new restoration may alter some speech sounds. This is almost always transient but in some cases may prove permanent.
6. Porcelain will wear the opposing tooth enamel more rapidly.
7. If the crown is prepared to fit an existing removable partial denture, the fit of the partial may be compromised.
8. The use of local anesthetic incurs risks. These risks include but are not limited to allergic reaction, bleeding, bruising, infection, and parathesia (prolonged or permanent numbness). The patient must assume these risks.
9. The doctor can only make treatment recommendations. Once noted, tooth pathology will not heal itself. The patient must assume all risks associated with delay or refusal to follow treatment recommendations.
10. All dental treatment from the most simple to the most complex, involves a cost, a risk, and a benefit. The patient must ultimately make a treatment choice after a careful consideration of options. Please take this opportunity to ask any questions so that you may make an informed decision.

I have read and understand the above and give the doctor my informed consent to provide crown or veneer therapy.

Signature of Patient or person authorized to consent for patient

Date