



Facts You Need To Know

“Quality is never an accident, it is always the result of high intention, sincere effort, intelligent direction, and skillful execution; it represents the wise choice of many alternatives.”

ESTHETIC CONSIDERATIONS: It is our intent to use our technical and artistic capabilities to achieve your esthetic expectations and to incorporate these factors into your final dental restorations. You are asked to communicate your desires, and our best efforts will be applied toward incorporating your wishes in harmony with the functional and physiological requirements of the restorations. After your approval, the restorations will be finalized. Please note that only very MINOR changes to the *shape* of the restorations can be made after finalization. NO changes to color can be made after finalization.

Some changes in appearance may be beyond the capabilities of restorative and prosthetic dentistry. A consultation with other dental or medical specialists may be suggested.

POTENTIAL PROBLEMS WITH FIXED PROSTHODONTICS: Crowns and fixed bridges are used to treat problems of decay, severely worn or fractured teeth, malocclusion, and to protect teeth that have had root canal treatment. However, because dental restorations are replacements for the lack natural teeth or natural tooth structure, potential problems do exist. The following pages briefly describe the most commonly encountered problems. Questions about your specific case are encouraged.

IMPLANTS: Longevity depends on many factors – the patient’s health, the use of tobacco, alcohol, drugs, sugar, oral hygiene, the amount of quality bone, surgical compromises, the degree of biting force, etc. As with any restorative procedure, the potential exists for the fracture of an implant component, implant crown, or loss of the implant from the bone.

PROVISIONAL (Temporary) RESTORATIONS: Provisional crowns and fixed bridges are used to protect the teeth and to provide a satisfactory appearance while the new permanent crown(s) and fixed bridge(s) are being fabricated. A provisional restoration is usually made of acrylic resin, which is not as strong as the final porcelain/metal restoration. A provisional is attached to the teeth with temporary cement; therefore, it is important to minimize the chewing pressure on a provisional restoration since it can fracture and/or become dislodged. If this does occur, call our office as soon as possible for repair or recementation.

Waiting more than a few days can create unnecessary problems, and may delay your treatment.

PORCELAIN FRACTURES: Porcelain is the most suitable material for the esthetic replacement of tooth enamel. Because porcelain is a “glass-like” substance, it can break. However, the strength of dental porcelain is similar to dental enamel, and the force necessary to fracture dental porcelain would usually fracture natural tooth enamel. Small porcelain fractures can be repaired; larger fractures often require a new crown or fixed bridge.

STAINS and COLOR CHANGES: All dental restorative materials can stain. The amount of stain generally depends on oral hygiene as well as the consumption of coffee, tea, tobacco, and some types of foods or medicines. Dental porcelain usually stains less than natural tooth enamel, and the stain can be removed at dental hygiene cleaning appointments. Natural teeth tend to darken with time more so than porcelain crowns. At the time a new dental porcelain crown or fixed bridge is placed, it may be an excellent color match with the adjacent natural teeth. Over time, however, this may change and bleaching or other appropriate treatment may be suggested.

BLEACHING: Bleaching provides a conservative method of lightening teeth. There is no way to predict to what extent a tooth will lighten. In a few instances, teeth may be resistant to the bleaching process, and other treatment alternatives may be advised. Infrequently, side effects such as tooth hypersensitivity and gum tissue irritation may be experienced. If these symptoms occur, technique modifications or products can usually alleviate the problem(s).

TOOTH DECAY: Some individuals are more prone to tooth decay than others. With a highly refined carbohydrate diet or inadequate home care, tooth decay may occur on areas of the tooth or root not covered by a dental crown. If the decay is discovered at an early stage, it can often be filled without remaking the crown or fixed bridge. Long delays in treatment, a loose provisional, or permanent crowns and bridges can result in additional decay, the “death” of a tooth nerve, which would require a root canal or even the loss of a tooth and/or teeth.

LOOSE CROWN or LOOSE FIXED BRIDGE: A dental crown or fixed bridge may separate from the tooth if the cement is lost or if the tooth fractures beneath it. Most loose crowns and fixed bridges can be recemented, but teeth that have extensive recurrent decay or fractures will usually require a new crown or new fixed bridge.

EXCESSIVE WEAR: Sometimes crowns and fixed bridges are used to restore badly worn teeth. If the natural teeth were worn from clenching and grinding the teeth (bruxism), the new crowns and fixed bridges may be subjected to the same wear. In general, dental porcelain and metal alloys wear at a slower rate than

tooth enamel. However, excessive wear of the crowns or fixed bridges may necessitate an acrylic resin mouth guard (also called a protective occlusal splint or night guard.)

ADDITIONAL INFORMATION: Sometimes when teeth are prepared for crowns, due to the extent of wear, deep decay, large fillings or old crowns, the additional “trauma” to an already compromised tooth can possibly cause the nerve of the tooth to die. This usually requires a referral to an endodontist, a specialist who does root canal treatment. It does not normally require changes in your treatment plan.

MAINTENANCE: Even the most beautiful restorations can be compromised by gum problems, recurring cavities and poor oral hygiene habits. Part of our commitment to you is to provide you with the proper information to keep your gums and teeth (natural or restored) in good health. Professional cleaning by a dental hygienist at recommended intervals (3-6 months) keeps your mouth healthy and can intercept potential problems early enough to avoid additional restorative work or unnecessary discomfort. It is also important to maintain a professional cleaning schedule throughout the course of your dental treatment.

WARRANTEE: Because of the complexity of the many aspects of dentistry successful dental restorations depend on many factors: sound clinical procedures, proven dental materials, well constructed laboratory procedures and a commitment to regular care by the recipient. Although rare, failure of a restoration is still possible even when all of these steps are followed. We provide warrantee support for your restorations as follows:

Porcelain fracture of a crown is covered on a 5 year prorated basis .

- Year 1 following placement- full replacement at no charge up to first year
- Year 1-2 - patient pays 20% of current replacement cost
- Year 2-3 - patient pays 40% of replacement cost
- Year 3-4 - patient pays 60% of replacement cost
- Year 4-5 - patient pays 80% of replacement costs
- Year 5 or more - patient pays full fee

Composite restorations are covered on a 3 year replacement schedule

Sealants are covered to one year, 50% at one to three years, and full replacement cost after three years

Warrantee is voided/not applicable for the following:

- Restoration failure due to dental decay not related to defective restoration
- Patients with a history of non controlled bruxism/parafunctional habits
- Traumatic accidents that result in restoration damage

- All removable appliances (Dentures, partial dentures, flippers, occlusal guards).
- Situations that necessitate restoration remake for reasons beyond the control of the restorative dentist including:
 - Damage during a root canal or extraction procedure requiring restoration remake
 - Implant restoration remake due to implant loss
- Non-Compliance
 - Failure of 6 month recall exam, unless otherwise arranged.
 - Failure to comply with nocturnal occlusal guard use if prescribed.
 - Failure to comply with any other recommendations.

I certify that I have read and understand all of this INFORMED CONSENT which outlines the general treatment considerations as well as the potential problems and complications of restorative/prosthetic treatment. I understand that potential complications and problems may include, but are not limited, to those described in this document. I have been given the opportunity to ask questions about the proposed treatment and the risks, as well as the potential consequences should I elect to postpone or refuse treatment. I understand that during and following treatment, conditions may arise that warrant additional or alternative treatment. I further understand that no guarantees can be made for a successful result.

Recognizing the potential problems and risks of restorative/prosthetic treatment, authorization is given for dental treatment to be rendered by the dentist and office staff. In addition, I grant permission for photographs of the procedures to be shown for teaching purposes only, provided my identity is protected.

Signed _____ Date _____

(Please initial each page to indicate that you have read and understood the content.)

Witness _____ Date _____