CROWN AND BRIDGE CONSENT FORM  
and SERVICE POLICY

Tooth #'s: ____________________  
Bridge #'s: ____________________

I UNDERSTAND the treatment of dental conditions requiring CROWNS and/or FIXED BRIDGEWORK includes certain risks and possible unsuccessful results, with even the possibility of failure. I agree to assume those risks, possible unsuccessful results and/or failure associated with, but not limited to the following: (Even though care and diligence is exercised in the treatment of conditions requiring crowns and bridgework and fabrication of same, there are no promises or guarantees of anticipated results or the longevity of the treatment.

1. **Reduction of tooth structure**: In order to replace decayed or otherwise traumatized teeth it is necessary to modify the existing tooth or teeth so that crowns (caps) and/or bridges may be placed upon them. Tooth preparation will be done as conservatively as practical. In preparation of teeth, anesthetics are usually needed. At times there may be swelling, jaw muscle tenderness or even a resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues which is usually temporary, or, rarely, permanent.

2. **Sensitivity of teeth**: Often, after the preparation of the teeth for the reception of either crowns or bridges, the teeth may exhibit sensitivity. It may be mild to severe. This sensitivity may last only for a short period of time or may last for much longer periods. If it persists, notify us immediately as this sensitivity may be from some other source.

3. **Crowned and bridge abutment teeth may require root canal treatments**: Teeth after being crowned may develop a condition known as pulpitis or pulpal degeneration. The tooth or teeth may have been traumatized from an accident, deep decay, extensive preparation, or other causes. It is often necessary to do root canal treatments in these teeth. If teeth remain too sensitive for long periods of time following crowning, root canal treatment may be necessary. Infrequently, the tooth (teeth) may abscess or otherwise not heal which may require root canal treatment, root surgery, or possibly extraction.

4. **Breakage**: Crowns and bridges may possibly chip and break. Many factors could contribute to this situation such as chewing excessively hard materials, changes in biting forces, traumatic blows to the mouth, etc. Unobservable cracks may develop in crowns from these causes, but the crowns/bridges may not actually break until chewing soft foods or possibly for no apparent reason. Breakage or chipping seldom occurs due to defective materials or construction unless it occurs soon after prosthesis.

5. **Uncomfortable or strange feeling**: This may occur because of the differences between natural teeth and artificial replacements. Most patients usually become accustomed to this feeling in time. In limited situations, muscle soreness or tenderness of the jaw joints (TMJ) may persist for indeterminable periods of time following placement of the prosthesis.

6. **Esthetics or appearance**: Patients will be given the opportunity to observe the appearance of crowns and bridges in place prior to final cementation. When satisfactory, this fact is acknowledged by an entry into the patient's chart initialed by the patient.

7. **Longevity of crowns and bridges**: There are many variables that determine “how long” crowns or bridges can be expected to last. Among these are some of the factors mentioned in proceeding paragraphs. Additionally, general health, good oral hygiene, regular dental checkups, diet etc., can affect longevity. Because of this, no guarantees can be made or assumed to be made.

8. **It is the patient’s responsibility** to seek attention from the dentist should any undue or unexpected problems occur. The patient must diligently follow any and all instructions, including the scheduling and attending all appointments. Failure to keep the cementation appointment can result in ultimate failure of the crown/bridge to fit properly and an additional fee may be assessed.

**INFORMED CONSENT**: I have been given the opportunity to ask any questions regarding the nature and purpose of crown and/or bridge treatment and have received answers to my satisfaction.
I voluntarily assume any and all possible risks including those as listed above and including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. **No guarantees or promises** have been made to me concerning the results. The fee(s) for service have been explained to me and are satisfactory. By signing this document, I am freely giving my consent to allow and authorize Dr. Catherine Ha and/or her associates to render any treatment necessary and/or advisable to my dental conditions including the prescribing and administering any medications and/or anesthetics deemed necessary to my treatment.

**SERVICE POLICY**

While your new crown is one of dentistry’s strongest restorations, a variety of factors will influence its longevity. We have learned that despite our best efforts, crowns can fail for a variety of reasons that include new decay, breakage from excessive grinding of one’s teeth or simply biting down on a hard object such as a fork or bone. In fairness to both doctor and patient, the following schedule outlines how Carolina Dental Associates (CDA) will address fees in the unlikely event that your crown should require replacement within the first five years of service. The five year benchmark is used as this is the typical period needed to elapse by insurance carriers before they will pay towards a new crown. **Coverage** refers to what CDA will **credit you** towards the cost of replacing your crown, based upon **current** fees.

<table>
<thead>
<tr>
<th>Year of Service</th>
<th>Coverage</th>
<th>Patient Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>First year of service</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Second year of service</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>Third year of service</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Fourth year of service</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Fifth year of service</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td>Sixth year of service</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

*As an example*, if your crown requires replacement 18 months after cementation, you will be in the **second** year of service. If a new crown costs $1000 at current day fees, you will pay only $300 to have it replaced. CDA covers 70% of the cost of replacement.

Please understand that “**year of service**” will be determined by exact dates, specifically: **date of cementation** (temporary or permanent) to **day of diagnosis by doctor or notification** by you (by phone or in person) that you believe your crown or bridge has broken. In order to encourage you to protect your investments in your teeth, this policy is **Null and Void** if you do not maintain your 3 or 6 month continuing care, cleaning, annual x-rays and annual exam at CDA.

__________________________
**Patient’s name** (print)

__________________________
**Signature of patient, legal guardian or authorized representative**

__________________________
**Doctor’s Name** (print)

__________________________
**Doctor’s Signature**

__________________________
**Date (mm/dd/yyyy)**