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Practice Limited to Periodontics and Dental Implants

Informed Consent for Crown Lengthening Surgery

Expected Benefits: The purpose of crown lengthening surgery is to provide my general dentist with better access and visualization, as well as providing more tooth structure to work with when restoring/repairing my tooth/teeth. It will also help create a biologic width, which will reduce post-operative inflammation.

Principal Risks and Complications: I understand that some patients do not respond successfully to crown lengthening surgery. The surgery may not be successful in preserving function or appearance. Because each patient's condition is unique, long-term success may not occur. In rare cases the involved teeth may ultimately be lost. Transient, but on occasion permanent, increased tooth looseness may occur. If during the surgery, Dr. Lacrampe finds a very deep cavity, fracture, or any other finding that would compromise my tooth (teeth), the crown lengthening procedure will be stopped and the tooth would be extracted at or after the time of surgery. Complications may result from the crown lengthening surgery involving the gums, jawbone, drugs or anesthetics. These complications include, but are not limited to; post-surgical infection, bleeding, swelling, pain, bruising, numbness of the jaw, lip, tongue, chin or gum, jaw joint pain or muscle spasm, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, impact on speech, allergic reactions, accidental swallowing of foreign matter, transient (on rare occasion permanent) tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods. The exact duration of any complication cannot be determined, and may be irreversible. I understand that there may be a need for a second surgery if the initial results are not satisfactory.

Alternatives to Suggested Treatment: Alternatives to crown lengthening surgery include:

1. No treatment. I understand that if no treatment is done, my dentist may not be able to place a proper restoration
2. Extraction of the tooth/teeth involved

Necessary Follow-up Care and Self Care: I know that it is important to:

1. Abide by the specific prescriptions and instructions given
2. See Dr. Lacrampe for post operative check-ups as needed
3. Quit or decrease smoking
4. Perform excellent oral hygiene once instructed to, usually 1 week after the surgery is done
5. Have my general dentist restore the tooth/teeth once the gums are healed

No Warranty or Guarantee: No guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. In most cases, it is successful. Due to individual patient differences, however, there can never be a certainty of success. There is a risk of failure, relapse, additional treatment, or even worsening of my present condition, including possible loss of teeth, despite the best of care.

I have been informed of the nature of my dental problem, the procedure to be utilized, the risks and benefits of having this oral surgery, the alternative treatments available, the necessity for follow-up and self-care, and the necessity of telling Dr. Lacrampe of any pertinent medical conditions and prescriptions and non-prescription medications I am taking. I have had an opportunity to ask questions. I consent to the performance of the oral surgery as presented to me during my consultation and as described above. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of the dentist. I have read and understand this document before I signed it.

Date: _____ Signature of Patient: _____

Date: _____ Signature of Dr. Lacrampe: _____