



EAST GUELPH
DENTAL

Informed consent for Crowns/Bridges

Patient name: _____

The following is an outline of the treatment plan discussed with Dr. _____
_____ concerning the crown/bridge on _____

The crowning of teeth carries minimal risk, other than the fact that there could be some sensitivity, swelling and discomfort following the procedure. The sensitivity could last for several months. Root Canal therapy may need to be recommended but most crown/bridges are successful without the need for this type of treatment. When completed it is anticipated that your crown/bridge will function for many years, but this depends on many factors including having regular check-ups and maintaining excellent oral hygiene. Please understand that crowns/bridges are subject to wear and tear (such as night-time grinding) and may need to be replaced as dictated by its' condition over the years that it is in function.

I have read and understand the above information. I thereby consent for the crown/bridge treatment.

Patient's name

Dentist's name

Signature of Patient

Signature of Dentist

Date