



## CROWN CONSENT FORM

\_\_\_\_\_

Print name of Patient

\_\_\_\_\_

Date

I, hereby authorize Dr. \_\_\_\_\_ and staff to perform the crown placement on tooth/teeth # \_\_\_\_\_.

Dental crowns are restorations that cover or cap teeth, restoring them to their natural size, shape, and color. A crown not only helps with appearance, but also protects the tooth from breaking. Dental crowns are made of porcelain, and may or may not have an inner layer of metal, while some are made of metal alone.

As with all procedures, there are certain potential problems associated with crowns. These include, but are not limited to (Please initial each paragraph after reading on the space provided. If you have any questions, please ask your doctor before initialing):

\_\_\_\_\_ The potential need for root canal therapy: The need for root canal therapy may become apparent during a crown preparation, or after a crown is made.

\_\_\_\_\_ Dark lines at the gum line may appear on crowns lined with metal. This is the metal edge of the crown. If the gum recedes after placement, this metal will show. Sometimes this can be corrected, other times a new crown might be recommended.

\_\_\_\_\_ Crowns should usually be completed within one month. Failure to keep appointments (resulting in wearing the temporary crown for longer) can lead to gum disease, tooth loss, or a need to redo the crown at additional cost.

\_\_\_\_\_ I may be wearing temporary crowns for several weeks, which may come off and I must be careful to ensure that they are kept on until the permanent crowns are delivered.

\_\_\_\_\_ I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth.

\_\_\_\_\_ I realize the final opportunity to make changes in my new crown (cap), including shade, fit, size, and color will be before permanent cementation. After permanently cementing crowns, NO changes can be made.

\_\_\_\_\_ I understand that like natural teeth, crowns need to be kept clean with proper oral hygiene and periodic professional cleanings, otherwise decay may develop underneath and/or around the margins of the restoration, leading to further dental treatment and possible replacement of the crown(s).

\_\_\_\_\_ All replacements due to decay will be the patient's responsibility.

\_\_\_\_\_ I understand that crowns will be covered under the five-year warranty as long as I maintain regular dental check-ups and oral hygiene appointments every six months.

In this office all of the doctors' place additional efforts to insure the longevity and quality of crowns. We want you to be happy with the treatment you receive here enough that you refer your family and friends.



# GLANCE DENTAL



## CONSENT

All of my questions have been answered. I understand the risks. I speak, read, and write in English.

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Patient's (or Legal Guardian's) Signature Date

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Doctor's Signature Date

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Witness Signature Date