

# NORTHBRIDGE SMILES

## Informed Consent for Dental Treatment

### Crown and Bridge

I understand that it is not always possible to exactly match the color of natural teeth with artificial teeth or crowns made with porcelain. I further understand that I may be wearing a temporary crown or bridge which must remain in place until permanent crown or bridge is delivered. I will notify my doctor immediately should any temporary becomes loose so it can be re-cemented, as it is important to protect the prepared tooth and avoid any changes in my "bite". I realize the opportunity to make any changes with my new crown or bridge (including shape, fit, size and color) will be prior to permanent cementation. I have had the opportunity to ask any questions about this procedure.

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Signature of patient or parent or if a minor

\_\_\_\_\_

Date

I accept the look, color and overall appearance of my crown/bridge and give my permission to permanently cement the restoration.

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Signature of patient or parent or if a minor

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Date

### Full Denture, Immediate Denture or Partial Denture

I realize that full, immediate or partial dentures are replacements for missing teeth, and as such they do not function the same as natural teeth. The problems of wearing these appliances have been explained to me, including diminished chewing ability, altered speech, sore spots, loosening of the appliance, shrinking bone and gums, and possible breakage of the appliance. Dentures are not "permanent" and may require a relines or "re-fitting" in the future. Both patient who have some teeth or no teeth will still need to have regular Oral Exams to re-evaluate remaining teeth, examine the oral tissues for pathology, and confirm a proper fitting denture. I realize wearing a poor fitting denture can encourage excessive bone and tissue loss in the denture are so these Periodic Exams are essential to optimum oral health. During the fabrication of any denture I will have the opportunity to change the color, shape and size of the teeth at the "Wax Try- In". Any changes proposed by me AFTER this step can be done for additional fees, for which I am responsible. **Immediate Dentures** (placement of a denture, immediately after removal of teeth) in addition to the above information, I understand that this type of denture may be quite uncomfortable for several days and may require several adjustments and/or relines within several months.

I have had an opportunity to ask any questions about any of these procedures.

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Signature of patient or parent or if a minor

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Date

I accept the look, color and overall appearance of my denture/partial and give my permission to the doctor to process the denture.

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Signature of patient or parent or if a minor

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Date