

Sample Form: Discussion and Consent for Fixed Bridge Restorations

Patient's Name: _____ Date of Birth: _____
Last First Initial

I am being provided with this information and consent form so that I may better understand the treatment recommended for me. Before making a treatment decision, I wish to be provided with sufficient information, in a way I can understand, in order to make a well informed decision regarding my proposed treatment.

I understand that I may **ask any questions I wish**, and that it is better to ask questions prior to treatment than to wonder about it after treatment has started.

Nature of Fixed Bridge Restorations

Fixed bridges replace missing teeth. They bridge the gap between natural teeth that was created by a tooth extraction. They also help to maintain the position of the teeth and the contours of the face. A fixed bridge restoration has been recommended for me on the following teeth, _____ replacing missing tooth (teeth) # _____

Fixed bridges usually require at least two visits to complete treatment. Natural teeth next to the area of the missing tooth are used to support a fixed bridge, which is cemented into place and is non-removable. At the first visit, the dentist will reduce the size of the support teeth, called abutments, making room for the fixed bridge to fit on the abutment teeth. Next, an impression, or mold, of the teeth is made using a rubbery material, or a digital image/scan of the teeth may be made to allow a computer system to make the restoration. A temporary fixed bridge is held on the abutment teeth with temporary cement while the fixed bridge is made. It is important to return for the cementation of the new fixed bridge as soon as it is ready in order to reduce the chance of new tooth decay or other problems.

This recommendation is based on visual examination(s), on any X-rays, models, photos and other diagnostic tests taken, and on my doctor's knowledge of my medical and dental history. My needs and wishes have also been taken into consideration. The fixed bridge is necessary for the following reasons:

The intended benefit of a fixed bridge restoration is to replace a missing natural tooth (teeth), to restore normal chewing function, and/or improve the shape and color (cosmetics) of the teeth. A fixed bridge may require replacement due to decay or damage to the bridge, to change the bite, or for cosmetic purposes. My bridge is necessary for the following reason(s):

- Replacement of a missing tooth (teeth) Decay around prior bridge Broken prior bridge
 Changing my bite Cosmetic purpose

The prognosis, or likelihood of success, of this treatment is _____.

My fixed bridge restoration is estimated to cost \$ _____ and is estimated to take _____ visit(s) to complete.

Alternatives to Fixed Bridge Restorations

Depending on my diagnosis, there may or may not be alternatives to a fixed bridge restoration that involve other types of dental care. I understand that possible alternatives to a fixed bridge restoration may be:

- **Dental implants** and an implant-supported bridge restoration.
- **Replacement of the missing tooth or teeth** by a removable partial denture. Partial dentures are removed from the mouth for cleaning. They are supported by the remaining teeth and the jawbone and retained by claspings selected remaining teeth or by using other types of attachments which may require placement crowns or other restorations.
- **No treatment.** I may decide not to replace the missing tooth or teeth. If I decide upon no treatment, my teeth may shift over time, causing chewing, periodontal (gum), or jaw joint (TMJ) problems.

_____ I have had an opportunity to ask questions about these alternatives and any other treatments I have heard or
Patient's Initials thought about, including _____.

Risks of Fixed Bridge Restorations

I have been informed and fully understand that there are certain inherent and potential risks associated with fixed bridge restorations. I understand that the nerves inside my teeth may be irritated by treatment, and I may experience pain or discomfort during and/or after treatment. My teeth may become more sensitive to hot and cold liquids and foods. I understand that root canal treatment may become necessary on the support (abutment) teeth at any time during or after treatment and may not be avoidable. I understand that a fixed bridge restoration may not relieve any symptoms I may be experiencing.

I understand that once prior fillings and decay are removed, it may reveal a more severe condition of my tooth or teeth. This condition may require periodontal (gum) surgery to uncover more of the tooth, may require one or more root canal treatments in addition to a fixed bridge restoration, or may instead require the extraction of the tooth or teeth.

I understand that I may notice slight changes in my bite. I understand that during and for several days following treatment, I may experience stiff and sore jaws from keeping my mouth open.

I understand there may be injury to my gums around and near the teeth that will support the bridge. I understand that my gums may recede after the completion of my fixed bridge restoration. I understand that poor eating habits, oral habits (smoking, fingernail biting, etc.), and poor oral hygiene will negatively affect how long my fixed bridge lasts.

I understand that I may be given a topical anesthetic and/or local anesthetic injection. Although rare, it is possible that patients may have an allergic reaction to these medications. Adverse reactions to anesthetic medications are possible, such as lightheadedness, dizziness or drowsiness. Please contact Dr. _____ if numbness remains more than a few hours or if you develop a rash. I understand that the injection area(s) may be uncomfortable following treatment and that my jaw may be stiff and sore from the anesthetic injection. I also understand that temporary or permanent injury to nerves and/or blood vessels from the injection may occur. Nerve disturbances may include pain or numbness, and/or unusual sensations such as itching, burning, or tingling of the lip, tongue, chin, teeth, and/or mouth tissues.

I understand that once a fixed bridge is started, I must promptly return to have the fixed bridge completed. If I fail to return for completion of the fixed bridge, I risk decay, the need for root canal treatment, tooth fracture and loss of the teeth involved.

Other foreseeable risks not stated above include: _____

_____ I have had an opportunity to ask questions about these risks and any other risks I have heard or thought about, including _____
Patient's Initials

continued...

Acknowledgment

I have provided as accurate and complete a medical and personal history as possible, including medications I am currently taking (antibiotics, pain drugs, or other medications, including non-prescription medicines, herbs or supplements) and materials or medicines to which I am allergic. I will follow any and all treatment and post-treatment instructions as directed and explained to me and will permit the recommended diagnostic procedures, including X-rays.

I realize that in spite of the possible complications and risks, my recommended fixed bridge restoration is necessary. I am aware that the practice of dentistry is not an exact science, and I acknowledge that no guarantees, warranties, or representations have been made to me concerning the results of the treatment.

I, _____, have received information about the proposed treatment. I have discussed my treatment with Dr. _____ and have been given an opportunity to ask questions and have them fully answered. I understand the nature of the recommended treatment, alternate treatment options, the risks of the recommended treatment, and the risks of refusing treatment.

I wish to proceed with the recommended treatment.

_____ I understand this treatment can also be performed by a prosthodontist (a fixed bridge specialist).
Patient's Initials I understand the risks associated with this treatment and elect to have this procedure performed by
Dr. _____. I understand that if any unexpected difficulties occur during treatment,
I may be referred to a prosthodontist for further restorative care of this tooth.

Signed: _____ Date: _____
Patient or Guardian

Signed: _____ Date: _____
Treating Dentist

Signed: _____ Date: _____
Witness

This sample form is for illustrative purposes only. Your clinical procedures and risks may be different than those described. We encourage you to modify this form to suit your individual practice and patient needs. The information contained in this document is not intended as legal advice. As each practice presents unique situations and statutes may vary by state, we recommend that you consult with your attorney prior to use of this or similar forms in your practice. Published by CNA and provided through the Dentist's Advantage insurance program and the National Society of Dental Practitioners. Copyright © 2019 CNA. All rights reserved. Published 5/19.