

Consent — Re-cementing a Crown or Bridge

Re-fixing a crown or bridge that has come loose

This form explains what the treatment involves, the benefits, the risks and the alternatives, so you can make an informed decision. Please read it, ask us anything you are unsure about, and sign at the end if you are happy to go ahead.

What this treatment is

This re-attaches a crown or bridge that has loosened or come off. We clean the tooth and the crown to remove debris, old cement and any decay, check the fit and make any adjustments, then re-cement it and check your bite. It may not be possible to get the bite exactly right if the tooth has moved, the crown is misshapen, or for other reasons beyond our control.

Why we may recommend it (the benefit)

To restore the crown or bridge to its proper place, protecting the tooth and restoring normal function.

Risks and things that can happen

- It may loosen or come off again, especially if the underlying tooth is weakened.
- Sensitivity to hot, cold or pressure afterwards.
- If it is not perfectly sealed, decay can develop underneath.
- The tooth underneath may be weak and could fracture during or after.
- If the tooth underneath is damaged, further treatment such as a new crown, root canal treatment or extraction may be needed.

Aftercare

- Avoid hard or sticky foods that could dislodge it.
- Keep up good cleaning and regular check-ups.
- Watch for discomfort, sensitivity or looseness and contact us if anything changes.

Alternatives

- A new crown if the existing one is damaged or no longer fits well.
- Taking the tooth out if it is badly compromised, then replacing it with an implant, bridge or denture.
- No treatment — accepting the risk of decay, fracture or other problems.

Notes & customisation

Your consent

My consent. I have read and understood this information. I have had the chance to ask questions and have them answered. I understand what the treatment involves, its benefits and risks, the alternatives, and that I can refuse all or part of it at any time. I understand no guarantees have been made about the result. I agree to go ahead with this treatment, on the basis of this form together with what my dentist discusses and personalises with me on the visit, and the Home Visit Terms & Important Information that apply to all treatments.

Patient (or representative) name

Relationship to patient (if not the patient)

Patient / representative signature

Date

Dentist name

Dentist signature & date

Our **Home Visit Terms & Important Information** (which apply to all treatments) form part of this consent and are provided alongside it.