

GOLD CROWNS

About the proposed treatment

Treatment involves covering the exposed tooth at or below the gumline with a cap (*crown*). The purpose of a crown is to strengthen a tooth damaged by decay or previous restorations, protect a tooth that has had root canal treatment or improve the way your bite fits together. Crowns may also be used to restore or improve the appearance of damaged, discolored, misshapen or poorly spaced teeth.

Treatment involves two phases, including preparation of the tooth and completion of treatment. In preparing a tooth for a crown, some of the tooth at or above the gumline is removed to create the foundation for the crown.

Treatment is completed in several steps. A temporary crown is usually placed with a temporary cement while the new crown is being created. Once a temporary crown has been placed, it is essential to return to have the new crown placed as soon as it is ready. Because a temporary crown is not intended to function as well or for as long as a permanent crown, failing to return promptly could lead to the deterioration of the temporary crown, resulting in decay, gum disease, infections and problems with your bite.

At a later appointment the new crown is placed with a special dental cement. A crown is placed only once you have approved the size, shape and appearance.

Benefits and alternatives

The proposed treatment is intended to restore or improve the appearance and strength of your teeth as well as the way your bite fits together. Depending on your needs, alternative treatments include extracting damaged teeth or correcting your bite with orthodontic treatment instead of placing crowns. There is no alternative to a crown for protecting a weak tooth that has received root canal treatment.

Common risks

1. Reaction to anesthesia: To keep you comfortable while your tooth is being prepared, you will receive a local anesthetic. In rare instances patients have an allergic reaction to anesthetic, which may require emergency medical attention, or find that anesthesia reduces their ability to control swallowing, which increases the chance of swallowing foreign objects during treatment.

2. Irritation to nerve tissue: Preparing a tooth may irritate the nerve tissue (called the *pulp*) in the center of the tooth, leaving your tooth feeling sensitive to heat, cold or pressure. Treating such irritation may involve using special toothpastes or mouth rinses or possibly treating the pulp itself (called *endodontic* or *root canal treatment*).

3. Stiff or sore jaw joint: Holding your mouth open during treatment may temporarily leave your jaw feeling stiff and sore and may make it difficult for you to open your mouth wide for several days afterwards. Treatment also may leave the corners of your mouth red or cracked for several days.

4. Changes to your bite: A crown may alter the way your bite fits together and make your jaw joint feel sore. This may require adjusting your bite by altering the biting surface of the crown or adjacent teeth.

5. Gum disease: The lower edge of a crown is usually designed to rest near the gumline, which may increase the chance of gum recession, gum irritation, infection or decay. Proper brushing and flossing at home, a healthy diet and regular professional cleanings are essential to helping prevent these problems.

Consequences of not performing treatment

If you do not have restorative treatment, existing problems caused by the shape or position of your teeth could result in further discomfort and possible damage to your jaw joints. For teeth that have received root canal treatment, failure to place a crown could lead to pain, infection and possibly the premature loss of the tooth. Decayed, cracked or broken teeth or teeth with previous inadequate restorations could continue to deteriorate, causing pain, further decay, infection, deterioration of the bone surrounding the tooth and eventually, the premature loss of teeth.

Every reasonable effort will be made to ensure that your condition is treated properly, although it is not possible to guarantee perfect results. By signing below, you acknowledge that you have received adequate information about the proposed treatment, that you understand this information and that all of your questions have been answered fully.

I give my consent for the proposed treatment as described above.

I refuse to give my consent for the proposed treatment as described above. I have been informed of the potential consequences of my decision to refuse treatment.

Patient's last name	Patient's first name	Patient's ID#
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Patient's signature	Date
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Dentist's signature	Date
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Witness's signature	Witness's name	Date
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