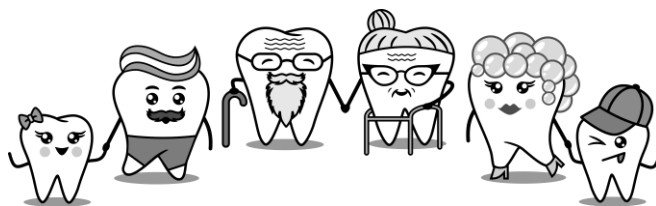


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Discussion and Consent for Crown Restorations

Patient's Name:

Last

First

Initial

Date of Birth:

I am being provided with this information and consent form so I may better understand the treatment recommended for me.

Before beginning, I wish to be provided with sufficient information, in a way I can understand, 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 them before treatment begins than to wonder about it after treatment has started.

Nature of Crown Restorations

A crown restoration has been recommended for me on the following tooth (teeth): _____

Crown restorations cover and protect teeth that have been weakened by decay, prior restorations, or root canal treatment. I understand it is important to return for the cementation of the new crown as soon as it is ready in order to reduce the chance of new tooth decay or other problems.

My crown is necessary for the following reason(s):

- Extensive decay Broken Tooth Decay around large prior filling Changing my bite
 Cosmetic purposes Root Canal Treated Tooth
 Other: _____

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

My crown restoration(s) is/are estimated to cost R _____ and is estimated to take

_____ visit(s) to complete. I understand that there is a possibility of an additional visit in cases where the crown does not fit or the lab may require another impression. I may also be required to visit the lab technician to select the shade (colour) of the crown and/or other additional information.

Alternatives to Fixed Restorations

Depending on my diagnosis, there may or may not be alternatives to a crown restoration that involve other types of dental care.

I understand that possible alternatives to crown restorations may be:

- *Other restorative alternatives*, such as onlay, inlay, veneer, or a filling. Fillings may be made of dental amalgam (silver) or a tooth-colored filling material
- *Extraction*. I may decide to have tooth # _____ removed. The extracted tooth usually requires replacement by an artificial tooth by means of a fixed bridge, dental implant with a crown, or a removable partial denture.
- *No treatment*. I may decide to have no treatment performed at all. If I decide upon no treatment, my condition may worsen and I may risk serious personal injury, including severe pain; localized infection; loss of this tooth and possibly other teeth; severe swelling; and/or a severe (spreading) infection., my teeth may shift over time, causing chewing, periodontal (gum), or jaw joint (TMJ) problems.

Initial

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

Risks of Crown Restorations

I have been informed and fully understand that there are certain inherent and potential risks associated with crown restorations.

I understand that root canal treatment may become necessary at any time during or after treatment and may not be avoidable. I understand that a crown restoration may not relieve my symptoms.

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

I understand that once a crown restoration is started, I must promptly return to have the crown finished. If I fail to return to have the crown completed, I risk decay, the need for root canal treatment, tooth fracture and loss of the tooth

Other foreseeable risks not stated above include: _____

Initial

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

Acknowledgment

I have provided as accurate and complete a medical and personal history as possible, including antibiotics, drugs, or other medications I am currently taking, as well as those to which I am allergic. I will follow any and all treatment and post-treatment instructions as explained and directed 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 crown 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. Ivana Bugwandeem** 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.

Initial

I wish to proceed with the recommended treatment.

I understand this treatment can also be performed by a prosthodontist (a crown specialist). I understand the risks and elect to have this procedure performed by **Dr. Ivana Bugwandeem.**

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