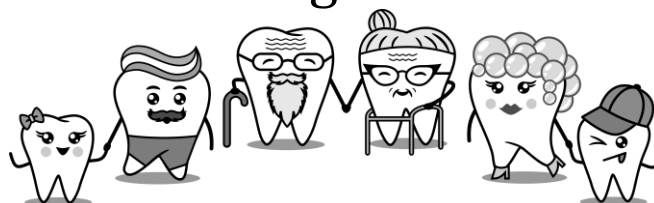


# Dr Ivana Bugwandeen Inc



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## Discussion and Consent for Fixed Bridge Restorations

**Patient's Name:**

\_\_\_\_\_

Last	First	Initial	Date of Birth:
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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 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) # \_\_\_\_\_.

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. A plastic temporary fixed bridge is held on the abutment teeth with temporary cement while the fixed bridge is made by a dental laboratory. It is important and I agree 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.

My needs and wishes have also been taken into consideration.

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 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 other additional information.

### 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:

- A *dental implant* and implant-supported crown 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 clasping selected on 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.

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 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 a fixed bridge restoration may not relieve any symptoms I may be experiencing.

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: \_\_\_\_\_

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 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. I wish to proceed with the recommended treatment.

Initial

I understand this treatment can also be performed by a prosthodontist (a fixed bridge 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