

Patient Name: _____

Date of Birth: _____

Informed Consent for Crown and Bridge Prosthetics

I. Recommended Treatment

I hereby give consent to Dr. Emre CAMLIOZ to perform Cosmetic Dentistry procedure(s) on me that consist :

and any such additional procedure(s) as may be considered necessary for my well- being based on findings made during the examination. My treatment has been explained to me and no guarantee has been made as to result or cure. I have been given satisfactory answers to all of my questions, and I wish to proceed with the treatment. I also consent of using the local anesthesia during the performance of my treatment.

II. Risks and Complications

I understand that there are risks and complications associated with the administration of medications, including anesthesia, and performance of my treatment plan. These potential risks and complications, include, but are not limited to, the following:

- ❖ Reduction of tooth structure.
- ❖ Sensitivity of teeth.
- ❖ Crown or bridge abutment teeth may require root canal treatment.
- ❖ Breakage.
- ❖ Uncomfortable or strange feelings, which is typically temporary. In limited situations, muscle soreness or tenderness of the jaw may persist following placement of the prosthesis.
- ❖ Unsatisfactory aesthetics or appearance.
- ❖ Unsatisfactory longevity of crowns and bridge.
- ❖ As a result of the injection or use of anesthesia, at times there may be swelling, jaw muscle tenderness or even resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues, which is typically temporary, but in rare instances, may be permanent.

Date:

Signature:

(Patient/Guardian)

Witness :

(signature)