

FAMILY, IMPLANT & COSMETIC DENTISTRY SINCE 1979



*Creating
Beautiful Smiles
Since 1979*

Oak Park Plaza
787 West Lumsden Road
Brandon, Florida 33511
Tel: 813-684-7888
Fax: 813-684-4568

SANFORD N. SCHWARTZ, D.D.S., P.A.
Diplomate, American Board of Oral
Implantology/Implant Dentistry

CONSENT FOR CROWN LENGTHENING

Diagnosis: You have been diagnosed with inadequate tooth length. Your dentist has determined that a crown lengthening procedure should be performed prior to crown placement to insure a proper fit or for esthetics. This procedure is required due to the following: tooth fracture below the gum line, excessive decay, root decay or excessive gum tissue.

Recommended Treatment: Crown lengthening is a periodontal surgical procedure performed on teeth prior to crown or veneer placement or for esthetics. Local anesthetic will be used in the area of the procedure. Your dentist will create space around the tooth/teeth by removing small amounts of gum tissue, bone or a combination of both. Sutures will be placed in the area and a periodontal dressing may be used.

Expected Benefits: The purpose of this procedure is to create space around the gum line of the tooth/teeth to allow the placement of a crown(s) or bridge with an adequate fit, to provide adequate "biologic width" and/or to improve esthetics of a "gummy" smile. There will be approximately 6-8 weeks of healing time after this procedure before your restorative work begins.

As in any oral surgery procedure, there are some risks of post-operative complications. They include, but are not limited to the following:

1. Swelling, bruising or discomfort in the surgery area.
2. Bleeding – significant bleeding is not common, but persistent oozing can be expected for several hours or days.
3. Post-operative infection or graft rejection requiring additional treatment or medication.
4. Tooth sensitivity, tooth mobility (looseness) or teeth pain.
5. Gum recession/shrinkage creating open spaces between the teeth and making teeth appear longer.
6. Unaesthetic exposure of crown (cap) margins.
7. Food lodging between the teeth after meals, requiring cleaning devices such as floss for removal.
8. Numbness or altered sensations in the teeth, gums, lip, tongue and chin, around the surgical area following the procedure. Almost always the sensation returns to normal, but in rare cases, the loss may be permanent.
9. Limited jaw opening due to inflammation or swelling. Sometimes it is a result of jaw joint discomfort (TMJ), especially when TMJ disease already exists.
10. Stretching of the corners of the mouth resulting in cracking or bruising.
11. Damage to adjacent teeth, especially those with large fillings, crowns or bridges.

Alternative Treatment Options:

1. No treatment
2. Tooth Extraction (removal)

I have read and understand the above and give my consent for periodontal surgery. I understand that during the course of the procedure, unforeseen conditions may arise which necessitate procedure(s) that my dentist may consider necessary. I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the procedure(s).

I hereby certify that I clearly understand and comprehend the nature, purpose, benefits, risks and alternatives to (including no treatment), the proposed procedure(s). I have been given the opportunity to ask questions and they have been answered to my complete satisfaction.

I further agree not to drive a car while under the influence of any sedative medication that the doctor has prescribed and to have a responsible adult accompany me until I am recovered from these medications. I have given a complete and truthful medical history, including all medications, drug use, pregnancy, or past adverse reactions.

I confirm that I have read and understand the above consent form and that I speak, read and write English.

Patient Signature

Date