

# FAMILY, IMPLANT & COSMETIC DENTISTRY SINCE 1979



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## INFORMED CONSENT FOR CROWNS, BRIDGES & PORCELAIN VENEERS

### Why a crown?

A crown can help restore a tooth to normal function. A crown is needed when one or more of the following situations exist:

1. A tooth has new decay around an old, large filling. The tooth cannot hold another filling.
2. A tooth is badly damaged, cracked or fractured.
3. A large restoration is fractured or breaking down.
4. Following endodontic treatment (root canal therapy).
5. For esthetic purposes.

Porcelain veneers are bonded to relatively healthy teeth, with little or no decay or restorations present. They may help strengthen teeth, or help make misaligned teeth appear straighter. They can close spaces or gaps between teeth and/or improve esthetics by making teeth lighter in color.

### How long will my restoration last?

Five years is considered success. Ten to fifteen years is desirable. Some restorations provide a lifetime of service. We will repair or replace your restoration, if necessary, for up to one year after placement, providing that you maintain regular recall visits.

Possible complications include, but are not limited to: risks of local anesthetic; early loss of tooth due to periodontal (gum) disease; fracture of tooth or restoration, necrosis (death) of pulp, requiring root canal therapy or extraction; allergic reaction to dental materials and restoration; pain or sensitivity, especially to cold, sweets or biting.

Failure to properly restore the tooth may increase the risk of pain, swelling, infection, tooth fracture, root canal therapy, or tooth loss.

I understand that a perfect result cannot be guaranteed. If any unforeseen conditions arise during the procedure, I authorize the doctor to do whatever he deems necessary to correct the condition.

I agree to cooperate completely with the doctor and will follow post-operative instructions to the best of my ability for my own comfort and safety. I have had the opportunity to ask questions concerning these procedures and consent to the treatment agreed upon. I understand I am responsible for the fees charged.

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Patient Signature

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Date