

**Innovative Dentistry**  
Informed Consent for Implant Abutment and Crown  
7260 S. Cimarron Rd #150 Las Vegas, NV 89113  
Angela M. Catalano, DMD

**Consent for Implant Abutment and Crown**

**What is an abutment and crown?**

After an implant is placed in the jaw bone and has become osseointegrated (locked within the bone) it is ready to be restored. This is done by placing an abutment on top of the implant. It is held in place by a screw. Over the top of the abutment will sit the crown.

**What are the risks?**

1. Breakage: Crowns may possibly chip or break. Many factors could contribute to this situation such as chewing excessively hard materials, changes in biting forces, traumatic blows to the mouth, etc. Unobservable cracks may develop in a crown from these causes, but the crown may not actually break until chewing soft foods or for no apparent reason.

2. Loosening of the implant-abutment-crown complex: As the implant-abutment-crown complex functions when chewing stress is put on the complex. If the stresses become too high it could lead to negative effects on the complex. The implant may become loose and fail. The screw that holds the abutment to the implant may become loose which can lead to a “wobble” feeling with the crown. The crown may come off the implant. If any looseness occurs, notify our office immediately.

3. Esthetics or appearance: Patients will be given the opportunity to observe the appearance of the crown in place prior to final cementation. Since a synthetic material is being made to imitate natural tooth structure, by its nature it will never be an exact reproduction of enamel.

4. Longevity of crowns, onlays and bridges: There are many variables that determine how long crowns can be expected to last. Some of these include general health, good oral hygiene, biting pressure, regular dental check ups, diet, etc. Because of this, no guarantees can be made or assumed to be made.

5. Night guards or retainers: After a crown is placed a currently fitting night guard, bite splint or retainer may not fit. Slight modifications can be attempted, but we cannot guarantee that it will fit. As a result a new night guard, bite splint or retainer will need to be made at an additional fee.

**INFORMED CONSENT:** I can read and write English and have been given the opportunity to ask any questions regarding the nature and purpose of the proposed treatment and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired and/or any results from the treatment to be rendered to me. The fee(s) for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize the doctors and staff at Innovative Dentistry involved in rendering any services they deem necessary or advisable to treatment of

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tooth # \_\_\_\_\_ and my dental conditions, including the administration and/or prescribing of any anesthetic agents and/or medications.

Anesthetic: The use of local anesthetic is used for pain control during dental procedures. There are inherent risks and side effects. They include, but not limited to: swelling, bruising, soreness, elevated blood pressure or pulse, allergic reaction, and altered sensation that may lead to self-injury. Partial or complete numbness may linger after the dental appointment. In rare cases it can last for an extended time and potentially it can be permanent.

Medications: Any medications dispensed or prescribed are the patient's responsibility to understand before taking. Medication inserts are available from our office upon request. Particular attention should be given to possible allergic reactions, drug interactions with current medications and their specific side effects.

Guarantees: The practice of dentistry is not an exact science and no procedure is 100% successful. The doctors and/or staff at Innovative Dentistry have made no guarantees of a successful outcome.

Notifications: If a patient develops a problem it is the patient's responsibility to notify the doctors and/or staff of Innovative Dentistry. Through this notification we will be able to act on the patient's behalf. Attempts to correct a problem may occur at our office or a referral to another health care practitioner may be warranted.

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient (Legal Guardian) Signature

\_\_\_\_\_  
Legal Guardian Name (Please Print)

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Date