

**Innovative Dentistry  
Informed Consent for Fixed Bridge Restorations  
Angela M. Catalano, DMD**

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

I am being provided with this information and consent form so I may better understand the treatment recommended for me. Before beginning, I have been provided with enough 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

Fixed bridges replace missing teeth. They bridge the gap between natural teeth which was created by a tooth extraction and or congenitally missing tooth. They help to maintain the position of the teeth and the contours of the face. A fixed bridge has been recommended on the following teeth, \_\_\_\_\_ replacing missing tooth (teeth)\_\_\_\_\_.

Fixed bridge restorations cover and protect teeth that have been weakened by decay, prior restorations, or root canal treatment while also replacing missing teeth. Fixed bridges can also be placed to change the bite or for cosmetic purposes. Fixed bridges usually require at least two visits to complete treatment. Natural teeth next to the missing tooth are used to support a fixed bridge, which is cemented into place and is non-removable. At the first visit, the dentist will reduce the size of the supported tee, called abutments, making room for the fixed bridge to fit on the abutment teeth. After reduction is completed, an impression, or mold, of the preparation is made using a rubbery material. A plastic temporary bridge is held on the tooth with temporary cement while the fixed bridge restoration is being made by a dental laboratory. It is important to return for the cementation of the new fixed bridge as soon as it becomes available to be seated to reduce the chance of redecay or further problems.

This recommendation is based on visual examination(s), on any x-rays, models, photos and other diagnostic tests taken, and on my doctor's knowledge of my medical and dental history. My needs and wishes have also been taken into consideration. The Fixed bridge restoration is necessary because of:

Extensive Decay  Broken Tooth  Decay around a large prior filling  Cosmetic purposes  
 Recurrent decay or open margin on an existing crown or bridge  Other

The intended benefit of a fixed bridge restoration is to replace missing natural tooth structure, retain the core of the tooth, replace missing teeth, and to restore natural chewing function. The fixed bridge restoration also may relieve current symptoms of discomfort I may be having.

Alternatives to Crown 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 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 claspings the selected remaining teeth.
- No treatment- I may decide not to replace the missing tooth or teeth. If I decide upon no treatment, my my teeth may shift over time, causing chewing, periodontal (gum), or jaw joint (TMJ) problems.

\_\_\_\_\_ I have had an opportunity to ask questions about these alternatives and any other treatments Patient Initials

Risks of Bridge Restorations

I have been informed and fully understand that there are certain inherent and potential risks associated with fixed bridge

restorations. I understand the nerve inside my tooth may be irritated by treatment and I may experience pain or discomfort during and/or after treatment. My teeth may become more sensitive to hot and cold liquids and foods. I understand that root canal treatment may become necessary on the support (abutment) teeth at any time during or after treatment and may not be avoidable. I understand that a fixed bridge restoration may not relieve my symptoms.

I understand once prior fillings and decay are removed, it may reveal a more severe condition of my tooth. This condition may require periodontal (gum) surgery to uncover more of the tooth, may require root canal treatment in addition to a fixed bridge restoration, or may instead require an extraction of the teeth.

I understand I may notice slight changes in my bite. I understand that during and for several days following treatment, I may experience stiff and sore jaws from keeping my mouth open. If this occurs, I understand I should notify Dr. Catalano immediately; otherwise, the condition may get worse if not corrected accordingly.

I understand there may be injury to my gums from the cord or laser used to reflect the tissue away from the crown preparation. I understand my gum may recede after the completion of my fixed bridge preparation. I understand poor eating habits, oral habits (smoking, fingernail biting, etc.), and poor oral hygiene will negatively affect how long my fixed bridge lasts.

I understand I will be given a local anesthetic injection and that in rare situations, patients have had an allergic reaction to the anesthetic, an adverse medication reaction to the anesthetic, or temporary or permanent injury to nerves and/or blood vessels for the injection. I understand that the injection area(s) may be uncomfortable following treatment and that my jaw may be stiff and sore from holding my mouth open during treatment.

I understand that once the fixed bridge restoration is started, I must promptly return to have the crown completed. If I fail to return to have the fixed bridge finished, I risk decay, the need for root canal treatment, tooth fracture and loss of the teeth involved.

**Risk Factors: Epinephrine (EPI) can cause increased heart rate, normal when receiving an injection. It should subside in 15 minutes. Anterior region injections can hit the nerve artery and cause a minor bloody nose.**

Acknowledgement

I have provided as accurate and complete medical and personal history as possible, including antibiotics, drugs and 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 realize that in spite of the possible complications and risks, my recommended fixed bridge restoration is necessary. 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 treatment.

I, \_\_\_\_\_ have received information about the proposed treatment. I have discussed my treatment with Dr. Catalano 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 have given Dr. Catalano permission to perform a bridge on teeth # \_\_\_\_\_  
Patient Initials

\_\_\_\_\_ I understand if any complications occur, I may be referred to a specialist to perform treatment  
Patient Initials

\_\_\_\_\_  
Signature Witness Date \_\_\_\_\_ Patient or Legal Guardian