

Post Treatment Consents

*dentist
approval*

DENTAL APPROVAL

This is to acknowledge that I am approving the appearance of my dentures and/or fixed teeth in shape, size, shade, and contour. I am aware that any changes that I require must be made at this time. Any changes following the completion of these dentures and/or fixed teeth will require an additional fee.

Signature of Patient or Guardian

Date

Signature of Witness

Date

Signature of Doctor

Date

*occlusal
surface
consent*

PORCELAIN OCCLUSAL SURFACE

This surface has a "tooth like" hardness. However, just as natural teeth, they do run the risk of fracture. If damage to the porcelain occurs it may need to be repaired. The amount of damage to the crown will determine whether it may be repaired or re-manufactured. The cost to repair will vary depending on the extent of the damage. If a chip occurs it may only need to be polished. If the fracture is larger it may need resurfacing and may only last four to six months. Should the damage be excessive, it may require that the crown or entire bridge be re-manufactured. There will be a fee to repair and/or replace the crown or bridge. These costs have been explained to my satisfaction and I understand fully.

METAL OCCLUSAL SURFACE

This surface DOES NOT chip or fracture. However, it does have a metallic appearance.

PLEASE CHECK WHICH OCCLUSAL SURFACE YOU WOULD LIKE

PORCELAIN

METAL

COMBINATION

ALTERNATIVE: _____

Signature of Patient or Guardian

Date

Signature of Witness

Date

Signature of Doctor

Date

*your
fixed
teeth*

MAINTAINING YOUR FIXED TEETH

Now that your dental treatment has been completed, maintenance is critical to long term success.

1. The most common problems which cause correction is decay of teeth and loose restorations. Eating hard foods or grinding may cause the teeth to fracture or the cement seal to break.
2. Gum disease is the leading cause of tooth loss today. The teeth or implants which support your fixed teeth can develop gum disease if proper care is NOT given to them. Professional check-ups and professional cleanings are mandatory every three to six months. Home care, brushing and flossing should be performed three times daily. Our hygienist will recommend a daily program for your teeth.
3. Avoid eating or chewing sticky foods such as taffy and gum. This may loosen the teeth. Fixed teeth rarely come loose. However, if this occurs, it will put excessive force on the implant/tooth. Natural teeth may decay under loose restorations. This may result in loss of the teeth or implants. Therefore, if the fixed teeth become loose or if any changes to the bite occur, please notify the office immediately.

Signature of Patient or Guardian

Date

Signature of Witness

Date

Signature of Doctor

Date