

Informed Consent for Gold Crown

Dr. Faith Bult, DDS has explained to me the proposed treatment and the anticipated results of such treatment. I understand this is an elective procedure and that there are other forms of treatment available, including the option of no treatment. I also understand that in Dr. Faith Bult's opinion this treatment will provide the optimal relationship between teeth, jaws, muscles, and the temporomandibular (jaw) joint that is possible at this time.

I understand that the results of my treatment cannot be guaranteed.

I understand that although my dentist has been trained in the proper use of placing gold crowns, the treatment is not without risk. I also understand that treatment results may vary or regress due to a variety of circumstances. I understand that some of the potential complications of this treatment include, but are not limited to:

- **Cavities or Leaking Fillings** - I understand that if my teeth have these conditions, I should have my cavities filled or my fillings redone before undergoing treatment.
- **Cervical Abrasion / Erosion** - these are conditions which affect the roots of the teeth when the gums recede and they are characterized by grooves, notches and/or depressions, that appear darker than the rest of the teeth, where the teeth meet the gums.
- **Root Resorption** - this is a condition where the root of the tooth starts to dissolve either from the inside or outside.
- **Nerve exposure resulting in the need for root canal treatment** – I have been notified of possible root canal treatment needed because of the removal of much tooth structure for this crown. If a root canal is needed, I am notified that this treatment will be performed by a qualified Endodontist and would cost anywhere from \$900 - \$1,200. This additional treatment will be in addition to the gold crown placed by Dr. Faith Bult, DDS and I would have to pay for this out of pocket.
- **Bruxism** – if a patient is an extreme “grinder” or “clencher” they may wear through gold crowns. This patient must wear a bruxism guard to prevent wear of dental work and the natural tooth structure.

The safety, efficacy and potential complications and risks of this treatment have been explained to me by my dentist. The basic procedures and the advantages and disadvantages, risks and known possible complications of alternative treatments have been explained to me by my dentist and my dentist has answered all my questions to my satisfaction.

In signing this informed consent I am stating I have read this informed consent and I fully understand it and the possible risks, complications and benefits that can result from this treatment and that I agree to undergo the treatment as described by my dentist. I understand that I am responsible for the care and maintenance of my crown once it is placed. My dentist has explained to me proper brushing and flossing techniques and has required that I wear a bruxism splint to guard against occlusal (crown) wear. I also attest that I have received a complete oral evaluation by a dentist within the last 365 days and that no dental treatment has been recommended to me that I have not yet completed.

Patient (or Guardian) Signature

Date