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Informed Consent Discussion for All Ceramic/Porcelain/Resin Ceramic Hybrid Restorations (including crowns, onlays, inlays, veneers, and bridges)

Patient Name: _____

Facts for Consideration:

Patient's Initial
Required

- _____ Treatment involves restoring damaged areas of the tooth and below the gum-line with a ceramic or resin ceramic hybrid restoration.
- _____ Restoration of a tooth with a ceramic or resin ceramic hybrid restoration requires two phases: 1) preparation of the tooth, an impression to send to the lab, and construction and temporary cementation of a temporary restoration, and later 2) removal of the temporary restoration, and replacement with a completed restoration, when aesthetics and function have been verified.
- _____ Once a temporary restoration has been placed, it is essential to return to have the new ceramic or ceramic hybrid restoration placed as soon as it is ready, because the temporary restoration is not intended to function as well as the permanent restoration. Failing to replace the temporary restoration with a completed one could lead to decay, gum disease, infections, problems with your bite , and even loss of the tooth.
- _____ Anterior (front tooth) veneer treatment involves removing less tooth structure than a crown preparation. It is irreversible because part of the tooth's enamel must be removed.

Benefits of Ceramic Restorations, Not Limited to the Following:

- _____ Ceramic and resin ceramic hybrid restorations are typically used to strengthen a tooth damaged by decay, fracture, or previous restorations. They can also serve to protect a tooth that has had a root canal treatment, or improve the way the other teeth fit together.
- _____ Crowns and veneers will be used for the purposes of improving the appearance of damaged, discolored, misshapen, misaligned, or poorly spaced teeth.

Risks of Ceramic/Porcelain/ Resin Ceramic Hybrid Restorations, not limited to the following:

- _____ I understand that preparing a damaged tooth may further irritate the nerve tissue (called the pulp) in the center of the tooth, leaving my tooth feeling sensitive to heat, cold or pressure. Such sensitive teeth may require additional treatment including endodontic or root canal treatment.

- _____ I understand holding my mouth open during treatment may temporarily leave my jaw feeling stiff and sore and may make it difficult for me to open wide for several days. This can occasionally be an indication of a further problem. I must notify the office if this or other concerns arise.

- _____ I understand that a ceramic or resin ceramic hybrid restoration may alter the way my teeth fit together and make my jaw joint feel sore. This may require adjusting my bite by altering the biting surface of the restoration or adjacent teeth.

- _____ I understand that the edge of a crown or veneer is usually near the gum-line which is an area prone to gum irritation, infection, and decay. Proper brushing and flossing at home, a healthy diet, and regular professional cleanings are some preventative measures essential to helping control these problems.

- _____ I understand that I may receive a local anesthetic and/or other medication. In rare instances patients may have a reaction to the anesthetic which could require emergency medical attention. Anesthetics can also reduce the ability to swallow. This increases the normal chance of swallowing foreign objects during treatment. Depending on the anesthetics and medications administered, I may need a designated driver to take me home. Rarely, temporary or permanent nerve injury can result from an injection.

Consequences If No Treatment is Administered, are not limited to the following:

- _____ I understand that if no treatment is performed, I may continue to experience symptoms which may increase in severity, and the cosmetic appearance of my teeth may continue to deteriorate, and that no treatment may lead to the need for root canal treatment and perhaps loss of the tooth.

Alternatives Materials , are not limited to the following:

_____ I understand that depending on the reason I have ceramic restorations placed, alternatives may exist. I have asked my dentist about them and their respective expenses. My questions have been answered to my satisfaction regarding the procedures and their risks and costs.

_____ I understand that various types of testing are available (muscle, blood, skin), at my expense, to help determine my specific material tolerance profile. These services are not performed by Dr. Rayne. I have had an opportunity to explore/complete these tests.

Please
Select
One

_____ I elect not to have these tests performed and allow Dr. Rayne to determine the most appropriate materials for my treatment.

_____ I have completed these tests and provided Dr. Rayne with the results so that she may use the most appropriate materials for me specifically. No guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the condition(s) listed above.



Please initial only one of the following, as it applies to you:

_____ I consent to the ceramic/porcelain/resin ceramic hybrid restoration preparation and placement as described by Dr. Rayne.

_____ I refuse to give my consent for the proposed treatment as described above, and accept the consequences, if no treatment is administered.

Patient Signature

Date

I attest that I, or a member of my staff, have discussed the risks, benefits, consequences, and alternatives of ceramic restorations with my patient, who has had the opportunity to ask questions. I believe my patient understands what has been explained.

Dentist's Signature

Date

Witness Signature

Date

Limitations of Ceramic and Resin Ceramic Hybrid Restoration:

_____ I understand that ceramic and resin ceramic hybrid restorations have similar wear characteristics to natural teeth, but are not my natural teeth, therefore, care must be taken.

Warranty Information:

_____ I understand the ceramic/porcelain/resin ceramic hybrid restorations placed in Dr. Rayne's office have a limited warranty of five years, and if a restoration fails or breaks within the five year period, I will be charged replacement cost only (approximately 1/3 of the original fee).

_____ I understand that while I may request the use of certain restorative materials, these materials may not be the best materials for my particular situation. For example, the use of specific porcelains may not be advisable due to limitations on strength and/or durability for persons who clench and/or grind their teeth or have bite issues. Dr. Rayne will make me aware of such limitations if applicable, and suggest a more suitable material. I understand that ultimately the choice of material is up to me, but if a particular material is not recommended for my case and I choose to use it anyway, I forfeit the usual warranty (outlined above) that would normally apply to this restoration. In addition, all replacement costs will be my responsibility.

_____ I understand care should be used in chewing hard substances with ceramic restorations, more so than with my own natural teeth, as ceramic and resin ceramic hybrid restorations are not as flexible as my natural teeth.

There are no substitutes for Mother Nature, and for the natural tooth, however, if care is exercised, (No chewing ice, etc.), and proper hygiene is maintained, you should not experience any difficulties with the ceramic restorations.

I have read the above information and understand that there are limitations to the use of ceramic/porcelain/hybrid restorations.

Patient Signature

Date