Tots N' Teens Pediatric Dental Specialist

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Zirconia or Porcelain-Fused-to-Metal Crown Consent

Patient's name

What is a crown and its benefits?

A crown restores the form and function of a tooth. If a deciduous (baby) tooth has too much dental decay and needs something more cohesive to hold the tooth in place, then a crown should be placed. If the tooth has had any nerve treatment, a crown is often placed afterward. Baby teeth which have had nerve treatment tend to become brittle and are more likely to break if only a large filling is placed.

Esthetic crowns such as zirconia or porcelain-fused-to-metal are commonly used even on deciduous (baby) teeth.

Porcelain-fused-to-metal crowns, though rarely, carry a risk of dislodgment of the porcelain facing, leaving behind visible stainless steel. If this occurs, the cost for replacement is the patient's responsibility.

What are my alternatives?

- Stainless steel crowns

As with any dental procedure you can choose not to proceed with care. Of course, that decision has its own set of benefits and risks. The tooth may end up requiring an extraction, or there's a high chance of space loss due to the ongoing cavity or if the tooth is extracted. This usually leads to a need for orthodontics to reposition the permanent teeth.

I, the undersigned, understand that it is my responsibility to notify this office should any unexpected problems occur or if any problems relating to the treatment rendered are experienced. Routine examinations by the dentist are recommended to allow ongoing assessment of the crown-treated tooth.

Informed consent

I have been given the opportunity to ask questions regarding the nature and purpose of a crown and have received answers to my satisfaction. I voluntarily undergo this treatment in hopes of achieving the desired results from the treatment rendered though no guarantees have been made regarding the outcome. I hereby assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment. 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 dentists and staff of Tots N' Teens Pediatric Dental Specialist involved in rendering the services or treatment necessary to the existing dental condition, including the administration and/or prescribing of any anesthetic agents and/or medications.

Patient's name (please print) | Relationship to patient | Date

Signature of parent / legal guardian | Witness to signature | Doctor's signature