Tots N' Teens Pediatric Dental Specialist

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Stainless Steel Crown Consent

Patient's name

What is a stainless steel crown and its benefits?

A stainless steel crown restores the form and function of a tooth. If a deciduous (baby) tooth has too much dental decay and needs something cohesive to hold the tooth together, then a stainless steel crown should be placed. A stainless steel crown is a very durable restoration. Stainless steel crowns are commonly used on deciduous (baby) teeth, or permanent (adult) teeth that aren't fully erupted and ready for a permanent adult crown.

If the tooth has had a nerve treatment, a stainless steel crown is often placed afterward. Teeth which have had nerve treatment tend to become brittle and are more likely to break if only a large filling is placed. Failure rates for stainless steel crowns are less than 1% per year.

Our goal is to achieve the best clinical outcome by using the least invasive treatment and avoid having the patient spend time and money on a treatment that doesn't last.

Stainless steel crowns are contraindicated in a patient with a known nickel allergy.

What are my alternatives?

Some parents or patients may not like the appearance of stainless steel crowns. Alternatives are:

1. Zirconia crown
2. Porcelain-fused-to-metal crown

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 cavity will get worse causing space loss, and/or require extraction; the remaining teeth may shift and require future 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