

DECK DENTISTRY | Consent for Crown and Bridge Treatment

I, _____ hereby authorize Dr. _____
Print Patient Name

to perform Crown and Bridge treatment on _____
Tooth/Teeth

The benefits and consequences of the treatment have been explained to me and I fully understand them.

I have been informed and understand that there is a 10% to 15% chance that in the future, either before or after cementation of the crown/bridge, the tooth/teeth may need root canal treatment.

I have also been made aware of the Deck Dentistry financial policy. Payment for the lab portion of my treatment will be paid at my first appointment and the remaining balance is due and payable on the day of my crown/bridge insertion.

I hereby consent to the taking of photos and diagnostic radiographs (x-rays) before and after the treatment if needed.

Patient Signature

Date

Witness Signature

Date

Dentist's Signature

Date