

DR. IAN BRAVERMAN, DENTAL SURGEON

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PATIENT INFORMATION FOR CROWNS AND BRIDGES

PATIENT: _____ DATE: _____

A. Purpose of treatment:

Crowns, or as they are commonly called, caps, are a method of rebuilding the missing parts of the tooth and at the same time covering and protecting whatever still remains of the natural tooth. Bridges are crowns attached to either side of a missing tooth/teeth.

**Treatment
planned:** _____

**Benefits of
treatment:** _____

**Alternative
Treatment:** _____

B. What is a crown?

A crown is a metal or porcelain thimble that fits over the entire tooth and covers it all the way to the gum line. The best way to think of a crown is as a protective shell around the tooth.

C. When do I need a crown/bridge?

- when there is a very large filling in a tooth. If there are few-if any-walls surrounding the filling, or if these walls are very thin, you need a crown.
- when you have large, unsightly fillings and you want to make them look natural
- if you have had a root canal performed on a tooth. Most teeth that have had a root canal should have a crown placed on them.
- for cosmetic purposes. Crowns are one way to align and reshape front teeth.
- a bridge is needed when you are missing a tooth/teeth.

D. How long will a crown/bridge last?

There are no guarantees. How well your crown will last depends on each individual person's mouth. Your tooth could crack under a crown/bridge at any time.

E. How are crown's/bridges made?

In the creation of crowns and bridges, porcelain and gold alloy are usually the materials employed. These simulate real teeth and cannot be removed from the mouth. As the dentist, I have to match colours in living vital teeth with the porcelain used in the crown. One must keep in mind that the properties or characteristics of porcelain and a living tooth are different and consequently can appear different in colour when light strikes

them. As a result, the final match will be very close; however, it will not necessarily be identical. In order to achieve the best possible colour match, I have gathered together some of the best technicians and ceramists in Toronto.

F. Can crowns/bridges break?

The materials that are used in making crowns/bridges (gold alloy and porcelain) are assembled manually and have the potential to fracture or break. This may occur very rarely but nonetheless there is a small possibility of fracture. Accordingly, the patient's careful use of the prosthetic appliance aids in its longevity.

G. How are crowns/bridges made?

When constructing crowns, temporary crowns are made initially. The temporary crowns and bridges are used to protect the teeth and provide a satisfactory appearance while the permanent ones are being fabricated. Sometimes these temporaries are usually made of plastic material, and as a result are not as strong as the final porcelain to gold alloy crowns. In addition, these provisional restorations are attached to the teeth with a relatively weak cement to facilitate their removal at subsequent appointments. Many times more than one set of temporaries must be made during the course of treatment to address certain cosmetic concerns or bite problems. Accordingly, it is important to minimize the chewing pressure on provisional restorations as they can be broken or dislodged. As well, during their long term use, the removal of these temporaries may cause the teeth underneath to fracture necessitating root canal therapy and/or periodontal surgery or extraction. If the temporaries loosen, please telephone our office for a repair or re-cementation.

G. What are some possible complications from doing crowns/bridges?

Unfortunately, the possibility of endodontic (root canal) treatment exists for any tooth which must be prepared for crown and/or bridge coverage. Sometimes the need for root canal therapy only becomes apparent after the crown and/or bridge is cemented finally.

Sometimes dark lines appear at the gum line of porcelain crowns and fixed bridges. The dark line is the metal edge of the crown. In most cases, the metal at the edge of the crown is hidden under the gum tissue, but, if the gum recedes, the metal will show. In areas of cosmetic concern, we try and finish the crown with a porcelain margin.

If oral hygiene maintenance is inadequate, tooth decay can occur on areas of the tooth or root not covered by the crown. The cement seal at the edge of the crown can be lost and decay can form at the junction of the crown and the tooth. If the decay is discovered at an early stage, it can be filled without remaking the crown or fixed bridge.

Food can become lodged between dental crowns or under fixed bridges. Often the crowns and fixed bridges are connected together creating the need for specialized hygiene techniques. In addition, gum recession can make food impaction unavoidable even with the most ideal contour of the dental crowns and fixed.

H. Consent:

1. I have had explained to me, by the dentist, the purpose, reasonable risks, benefits of and alternatives, if any, to the procedures recommended for my dental treatment. In respect of the above treatment services, I have carefully read the explanatory material and have been given copies. Such questions as I have posed have been answered to my satisfaction.
2. I consent to the administration of such local anesthesia as is required for the said dental treatment.
3. I certify that no guarantee has been made or assurance given as to the results that may be obtained.
4. I read and understand English Yes _____ No _____
(if the response to above is "no")

This consent form and attached documents were interpreted and explained for me.

Yes _____

DATED at Woodbridge, Ontario, this _____ day of _____ 20____

Witness: _____ Signed: _____ (Patient, Parent, Guardian)