



IMPRESSIONS DENTAL

5970 S. COOPER RD. STE #1 CHANDLER, AZ 85249 • (480) 814-8888

Dental Treatment Consent Form Crown & Bridge

I understand that in most cases analgesics are required to numb the area being worked on; analgesics can cause allergic reactions causing redness, swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction). I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. I understand that a crown or bridge retainer covers part of my natural tooth; since natural tooth remains, decay can still occur in the future. I understand that I will be wearing a temporary crown or bridge for approximately 2-3 weeks, which may come off easily and that I must be careful to ensure that it is kept on until the permanent crown is delivered. After the permanent crown or bridge is cemented there cannot be any change to the fit, shape, size and/or color of the crown or bridge.

Patient Name: _____

Patient and/or Guardian Signature: _____

Date: _____

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