

Zachary Linkous, D.D.S.
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Informed Consent for Re-cementation of Crowns, Veneers and Bridges

For the purpose of this consent form, a "restoration" means either a crown, veneer or bridge.

- **Teeth may require root canal treatment after having restoration recemented**
Teeth, after being recemented, may develop a condition known as pulpitis or pulpal degeneration. It is often necessary to do root canal treatments in these teeth. If teeth remain too sensitive for long periods of time following crowning, root canal treatment may be necessary. Infrequently, the tooth (teeth) may abscess or otherwise not heal, which may require root canal treatment, root surgery, or possibly extraction. If root canal treatment is required, the expense will be left entirely to the patient. The Dr. assumes no liability for cost of any additional treatment required after re-cementation failure.
- **Breakage**
Restorations may possibly chip or break during the re-cementation procedure or afterwards.
- **Sensitivity of teeth**
Often, after the re-cementation of restorations, the teeth may exhibit sensitivity. It could range from mild to severe. This sensitivity may only last for a short period of time or may last for much longer periods. If it is persistent, please notify us as this may indicate sensitivity from another source.
- **Longevity of restorations that are recemented**
There are many variables that determine how long recemented restorations can be expected to last. **THIS IS WHY WE OFFER NO WARRANTY, PROMISES OR GUARANTEE CONCERNING THE RESULTS. IN THE EVENT THAT THE RECEMENTATION FAILS, NO REFUNDS WILL BE GIVEN.**

It is a patient's responsibility to seek attention from the dentist should any unexpected problems occur.

Please see reverse side for agreement and signature

Your Agreement:

I understand that the re-cementation of crowns, veneers and bridges include certain risks and possible unsuccessful results, with even the possibility of failure.

I agree to assume those risks, possible unsuccessful results and/or failure associated, but not limited to the following: Even though care and diligence is exercised in the treatment of conditions requiring re-cementation, there are no promises or guarantees of anticipated results in the longevity of the treatment.

Signing this consent form is acknowledgement that I understand various options, including the option of no treatment at all. In addition, it is acknowledgement that I have been given ample opportunity to ask any questions regarding the nature and purpose of restoration re-cementation and have received answers to my satisfaction. In addition, it is an acknowledgement that we have given you the opportunity to delay your decision or the opportunity to seek a second opinion.

The fee(s) for the service have been given to me and are satisfactory.

By signing this document, I am freely giving my consent to allow Dr. Zachary Linkous to render any treatment necessary related to the re-cementation of my restoration.

Patient Signature: _____

Parent/ Guardian Signature: _____

Date: _____

Today's estimated portion of patient's out-of-pocket expense: \$ _____

