

Written informed consent

FPD/Dental Bridge Removal Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for FPD/dental bridge removal in relation to the teeth numbered -----and I have been explained about the procedure in detail including application of force via crown remover and if not successful, need for use of dental motor to cut the crowns of the teeth for treatment of the teeth. In such a case replacement of the FPD/dental bridge with new one is required and variations in the nature of dental crowns are explained. I have been explained the possibility of fracture of the tooth while FPD/dental bridge removal and removal of the teeth if need be.

The risk of teeth getting fractured if not covered with dental crown has been explained. Post-operative sequels like pain and sensitivity for few days have been explained. I have been informed about the possibility of loosening of the FPD/dental bridge, food lodgement and in such a case i have been advised to bring the same soon to get it cemented/fixed to the tooth.

I hereby agree to undergo the dental crown and agree to follow-up with the doctor as per his/her advice.

Date:

signature of the patient:

Time:

signature of the patient attendant:

Signature of the Doctor with seal: