

## Written Informed Consent

### Dental Bridge/ Fixed Partial Denture (FPD)

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for dental bridge/ Fixed Partial Denture(FPD) in relation to the teeth numbered -----and I have been explained about the procedure in detail including drilling of the teeth to reduce the size of the supporting teeth for processing and placement of a dental bridge/ Fixed Partial Denture(FPD). Variations in the nature of dental crowns are explained and alternative option of dental implant for missing tooth has been discussed.

I have been explained the possibility of exposing the pulp (nerve of the tooth) and the need to undergo root canal treatment for the supporting tooth/teeth, if not done earlier.

Post-operative sequels like pain and sensitivity of teeth for few days have been explained. I have been informed about the possibility of loosening of the dental bridge/fixed partial denture, food lodgement and in such a case, i have been advised to bring the same soon to get it cemented/fixed to the teeth.

I hereby agree to undergo the dental bridge/fixed partial denture 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: