

# INFORMED CONSENT FOR FIXED PROSTHODONTICS TREATMENT

Please read the entire informed consent, initial and date each page, and sign and date the last page. This disclosure is not intended to alarm or frighten you. It is simply an effort on our part to make you better informed so that you may give or withhold your consent to treatment in an informed manner. Do not sign until the time of treatment. Thank you in advance for your cooperation.

You are to receive fixed prosthodontic treatment (crown, bridge, inlay, onlay, or veneer) for one or more of the following reasons. This recommendation is based on the visual examination(s) performed by the doctor, any X-rays, models, photos, and other diagnostic tests, and the doctor's knowledge of your medical and dental history. The doctor and the dental laboratory have also taken into account any information you have provided about your needs and preferences.

- (1) (1) Full coverage for an endodontically (root canal) treated tooth to prevent fracture.
- (2) (2) Cracked tooth syndrome – A part of the tooth is split, and the patient complains of sensitivity to cold and/or discomfort upon biting.
- (3) (3) Broken tooth and/or restoration (filling) – Part of the tooth or filling has broken away from the rest of the tooth.
- (4) (4) Caries (cavity) – Decay in the tooth or around an existing restoration prevents the tooth from being adequately restored with amalgam or composite.
- (5) (5) Defective restoration – Part of the existing restoration is breaking away or cracking, preventing the tooth from being adequately restored with amalgam or composite.
- (6) (6) Defective existing crown – Part of the crown has broken away, the crown has fallen off and cannot be re-cemented, or there is decay around the margin of the crown or under the crown.
- (7) (7) Cosmetic – The patient does not like the way the tooth, the existing restoration, or the arrangement of the teeth look.
- (8) (8) Trauma from the occlusion (bruxism or clenching) – Grinding or clenching of the teeth has caused them to fracture.
- (9) (9) Parafunctional habit – Biting on pencils, pens, fingernails, fishing line, etc.
- (10) (10) Trauma – Accident
- (11) (11) Fixed partial denture (bridge) is the treatment of choice for replacing a missing tooth (teeth). A fixed partial denture requires at least one tooth on each side of the space to be crowned.
- (12) (12) Abutment (retainer tooth) for a removable partial denture.
- (13) (13) Precision attachment for a removable partial denture.
- (14) (14) Crowning the tooth is required to equilibrate the patient's bite so that the temporomandibular joints (TMJ) and the occlusion can be stabilized.
- (15) (15) Porcelain inlay or onlay.
- (16) (16) Restoration of a dental implant site.

Patients Initials \_\_\_\_\_ Date \_\_\_\_\_

**Fixed prosthodontic treatment is composed of the following treatment modalities:**

(1) Crowns: The fabrication of a crown (cap) or crowns to restore a tooth (teeth) as closely as possible to its original form and function. This treatment becomes necessary when a tooth cannot be restored with a filling. Treatment usually involves reducing the natural tooth structure. If an inadequate amount of tooth structure remains, it may be necessary to place a filling in the tooth (core build-up) first to ensure there is enough support for the crown. Sometimes it is necessary to place a space in the tooth to support a post (post & core) upon which a crown may be constructed. The clinical indication for a crown is when one half or more of the tooth is missing from one cusp tip (point of the tooth) to another cusp tip. A crown is cemented in the mouth. There are several types of crowns.

- (A) All porcelain or Zirconia- No metal or gold is contained in the crown. These are the best cosmetic crowns. No metal allergies are possible.
- (B) All gold- These have the longest life expectancy of any crown. Gold has a long history as the best restorative material.
- (C) Porcelain to metal- Porcelain is on the outside with a metal substructure. Sometimes a dark line can be seen at the gum line of these crowns. Some studies show that up to 50% of females have allergic reactions to some of the elements in the metal of these crowns. Men have also shown allergic reactions to these metals. If you turn green on your body where you wear non-gold jewelry, you should not consider a porcelain-to-metal crown.
- (D) Porcelain to gold crowns- Porcelain is on the outside with a gold substructure. These crowns may also show a dark line at the gum line. There are fewer allergic reactions to these crowns, but an allergic reaction is still possible.e.e.

(2) Bridges: are a series of crowns cemented in place to replace missing teeth. They do not come out of the mouth. A bridge requires at least one tooth on each side of the space to be crowned. Alternative treatments to bridges include removable partial dentures that come in and out of the mouth and implants, which are titanium posts placed in the bone. Bridges are constructed of the same materials as crowns; however, porcelain bridges are limited to the amount of space they can span from one abutment (existing tooth) to another abutment.

In traditional crown and bridge preparations, the tooth is trimmed in all directions by at least one millimeter for gold crowns and approximately 1.2 to 2.0 millimeters for porcelain and porcelain-to-metal crowns. This is a two-appointment procedure. The first appointment is for the preparation of the tooth, impressions of the prepared tooth, adjacent teeth, and opposing teeth, and the fabrication of a temporary to protect the prepared tooth and maintain it in its proper position while the lab fabricates your permanent restoration. The second dental appointment is usually two to four weeks after the initial appointment. At this appointment, your temporary will be removed, and your permanent crown or bridge will be adjusted and cemented in your mouth.

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Many patients elect not to be anesthetized at this appointment, but there will be some sensitivity in vital teeth. It is very important to keep your temporary in place because if it is lost, your teeth may move and your permanent crown may not fit. The national average for the life expectancy of crowns and bridges is 7 years; however, with good home care and regular dental exams, crowns have been known to last for decades.

(3) Porcelain inlays and onlays: These are tooth-colored restorations that are bonded into or onto the tooth with tooth-colored restorative materials and various adhesives. The advantage of these restorations is that less tooth structure is removed than with traditional crowns. Sometimes, these restorations can also be used when there is not enough tooth to support a crown without performing a root canal on the tooth to gain additional retention.

(4) Porcelain veneer: The porcelain veneer is a tooth-colored restoration that is bonded onto the tooth with tooth-colored restorative materials and various adhesives. It is usually limited to the front ten teeth in each arch. The goal of a veneer is to reduce less than one millimeter of tooth structure and stay within enamel. Enamel provides outstanding bond strength. The amount of reduction is determined by existing restorations, decay, the tooth's arch position, and the goal of the restoration.

In this office, every existing filling will be removed before the crown, bridge, inlay, onlay, or veneer is placed to ensure that there is no decay under that filling. Also, all decay will be removed from the tooth before the restoration is cemented or bonded.

**Complications arising from fixed prosthodontic (crown, bridge, inlay, onlay) treatment may include, but are not limited to, the following:**

1. Exposure of the tooth's pulp (nerve) can occur during removal of an existing restoration, removal of decay, or shaping the tooth for a crown or bridge. An endodontic (root canal) procedure would be required to prevent pain and/or infection. Even without the nerve becoming exposed, the tooth may become symptomatic (painful or uncomfortable) after the preparation of a crown. Symptoms may appear the next day, next week, next month, next year, or in the distant future if the pulp has been sufficiently insulted by previous restorations, decay, trauma, thermal insult (hot and cold), and/or mechanical manipulation (drilling). If spontaneous pain, prolonged sensitivity to temperature, or infection develops, a root canal will be required to alleviate the symptoms. The nerve may die, weakening the tooth and causing it to fracture at the gum line or just below. Many times these teeth can be saved with root canal therapy, post and core, and a new crown. In some cases, it will be necessary to perform minor gum surgery to gain adequate tooth structure to place a new crown. The patient will be responsible for all fees associated with the root canal treatment, post and cores, and periodontal surgery. It may be necessary to refer the patient to an endodontist (root canal specialist) for the root canal procedure and/or to a periodontist (gum specialist) for periodontal surgical procedures.

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2. The tooth may require root canal treatment without an exposure. Some teeth do not have enough remaining tooth structure to support a crown. Therefore, a root canal is performed so that a post and core can be placed in the root canal space. This works like a deep fence post hole to support a fence. In this case, the patient will be responsible for ensuring that the root canal treatment is performed and for any fees associated with the root canal treatment and post and core placement. These are additional procedures to the crown preparation and cementation.
3. 3. The root of the tooth may become perforated during the fabrication of the post, in which case the tooth may require extraction. The root of the tooth may fracture (split) during the root canal procedure or the fabrication of the post. If this occurs, the tooth may require extraction. The patient will be responsible for any fees associated with the extraction of the tooth. In some cases, the fractured root may have to be removed, but it is possible to save the remaining roots. This procedure is called a root amputation or hemisection. The patient will be responsible for any fees associated with the root amputation or hemisection.n.
4. Cracked tooth syndrome patients: Most teeth that crack already have a large restoration (filling), multiple restorations, extensive decay, or decay around an existing restoration. This restoration weakens the remaining tooth structure, and over time the tooth will crack when the appropriate force is applied to the weakened tooth structure. Sometimes chewing on ice, rock candy, jawbreakers, etc. can cause a tooth without any restorations or decay to fracture.

A) The crack in your tooth is similar to a split in a log. It is possible to squeeze the wood together so the crack is not visible. When a force is applied to any part of the wood, the crack will reappear. You have supporting tissue that holds your tooth together even though it is cracked. In many cases, the crack in your tooth cannot be seen. However, when you bite down on the tooth, the crack is microscopically opened.

B) In most cases, it is impossible to determine how far down into the tooth the crack extends. 90% of cracked teeth are successfully treated with a crown. Approximately 9% require a root canal in addition to the crown because the crack extends into the pulp (nerve). The remaining 1% of teeth are not restorable and must be extracted because the crack extends into the root, but this cannot be determined in most cases until after the crown and root canal have been performed. If the tooth is multi-rooted, it may be possible to perform a root amputation or hemisection rather than extraction. The patient is responsible for all fees for the root canal, root amputation, hemisection, or extraction. If the pain upon biting disappears while you are in a temporary crown, a crown will successfully complete your treatment.

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5. It may not be possible to achieve esthetics that meet the patient's expectations. In some cases, the final crown form is limited by the patient's existing oral condition (remaining teeth, bone support, and gum health). Every effort will be made to match the shape and color of your existing teeth. However, many mouths have a wide range of colors, so at best it will be difficult to find a perfect shade match. If you are not pleased with the shade of your permanent crown or bridge, we will send it back to the lab and try a different shading scheme. Custom staining and glazing are also available. If you are not pleased with your restoration, you must say so before it is permanently cemented. If you have doubts about the restoration, we can often temporarily cement crowns and bridges, but we cannot temporarily cement inlays, onlays, or veneers. If you sign the treatment form indicating approval of the restoration and we permanently cement it, and you change your mind at a later date, you may be charged a fee for removal of the restoration. We want you to be happy with your final restoration, and we sincerely hope it will last for many years.
6. Postoperative discomfort or swelling may occur and last a few hours to several days, depending on the complexity of the case. This is not unusual, especially following impression procedures. The discomfort may result from the removal of existing restorations, decay, or tooth structure, or from manipulation of the gum tissue around the tooth during the removal of the restoration, decay, or tooth structure. In most cases, 800 mg of IB three times per day, another non-steroidal anti-inflammatory drug, or Tylenol will relieve the discomfort.
7. Postoperative discomfort from temperature sensitivity may be present. In many cases, this improves with time. The general rule is: If the temperature sensitivity goes away when the food or drink is swallowed or within about a minute, the response is considered normal. If the temperature sensitivity lasts for more than five minutes, the pulp is in a state of death or dying, and a root canal will need to be performed. If the tooth ever awakens you at night, this is not normal, and the pulp may be in an irreversible state of health (dying).
8. Postoperative discomfort may result from a high temporary. If you touch the tooth we worked on first, you cannot bite down on it, or it hurts to bite down on it, your temporary may be high. A simple adjustment to the temporary will most likely resolve the discomfort.
9. Postoperative discomfort may result from an unstable occlusion (bite) or temporomandibular joint (TMJ) instability. You may have heard this called Temporomandibular Disorder (TMD) or Temporomandibular Joint Syndrome (TMJ). The dental procedure you are about to undergo will require you to keep your mouth open wide for a prolonged period of time. This may exacerbate (worsen) an underlying TMJ or occlusal problem.

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### Signs of TMJ Instability

- 1) Anterior occlusal wear. Wearing down or cracks on the front teeth.
- 2) Posterior occlusal wear. Wearing down of the chewing surface of the back teeth.
- 3) Changes in asymmetry. Your lower jaw is leaning more toward one side of the face than the other.
- 4) Indications of disk involvement. You have popping or clicking in your jaw joints by your ears. Frequent headaches, muscle spasms, waking up in the morning with headaches, or headaches late in the day. These may be caused by clenching or grinding your teeth.

### Signs of Occlusal Instability

- 1) Mobility of the teeth
- 2) Excessive wear of the teeth. Wear facets (shiny, flat spots) on the teeth. Exposed dentin, the inside layer of the tooth. This is often seen as a darker area in the middle of the tooth when looking down from the top of the biting surface.
- 3) Changes in tooth position. The teeth appear longer or shorter. A tooth has moved in its relationship to other teeth.

You will be advised if you have any signs of TMJ or occlusal instability before the procedure begins. For your optimal dental health, it is highly recommended that you have a stable occlusion and temporomandibular joints. It is also recommended that your periodontal health (gum tissue and underlying supporting bone and tissues) be stable prior to the initiation of prosthodontic treatment. Full-mouth reconstruction may be recommended after the initial phase of orthotic therapy for the treatment of occlusal instability.

Trismus (restricted jaw opening) is one such complication. This is a limited opening of the mouth due to inflammation and/or swelling in the muscles. It usually lasts several days but may last longer. than 2 weeks. It can be treated by placing a warm (hot) moist wash cloth against the affected side of the face for 15 minute intervals, eating a soft diet, and non-steroidal anti-inflammatory drugs. Sometimes it is necessary for the doctor to prescribe muscle relaxants to relieve discomfort.

10. The patient's bite may feel different, especially if the temporomandibular joints and occlusion (bite) have not been stabilized. When several crowns or restorations are involved in your treatment, it may be necessary to have multiple adjustment or equilibration appointments, either at the temporary stage or the final stage. Due to the high accuracy of your bite, final adjustments need to be done in the mouth for the best results.

11. The crowns may feel different in shape and the color may be different than the natural teeth.

12. Recurrent decay: Crowns require ongoing care, including brushing and flossing. Decay can occur around the margins of the crown if the tooth is not properly cared for. It is the patient's responsibility to maintain good oral hygiene at home and to have regular dental exams. If you have any questions about brushing, flossing, or caring for your mouth, please ask, and we will be more than happy to advise you. Good oral hygiene and periodic dental exams are necessary for maintaining good dental health.

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13. Tooth loss due to periodontal disease (gum disease): To maintain the entire tooth (root and crown), proper brushing and flossing are required. Periodontal disease is the loss of the supporting gum tissue and bone for the tooth. Periodontal disease is the number one reason for tooth loss in adults. Periodontal disease has also been linked to heart problems and other medical problems such as low birth weight in babies and premature births. It is the patient's responsibility to maintain proper home dental care through brushing and flossing. Regular dental examinations are also necessary to monitor the health of the supporting tissues.

If a procedure cannot be completed due to a complication, there will be a charge for all procedures performed up to that point. The amount of the charge will be commensurate with the portion of the case that has been completed. There will be a full charge for all completed crowns.

Although crowns and bridges have a high degree of success, they are biological procedures and cannot be guaranteed. A crown has a margin (edge) around the circumference of the tooth; therefore, it is important for the patient to maintain good oral hygiene (brushing and flossing) and regular dental exams. There is a direct relationship between the patient's oral hygiene and the life expectancy of a crown. Porcelain-to-metal crowns have been known to last 30 years or longer. Gold crowns have been known to last 40 years or longer. Porcelain inlays, onlays, and veneers are dental procedures that are less than 20 years old, but they have been shown to have a very high degree of success.

I have been advised by Dr. \_\_\_\_\_ that I (or my child) require(s) fixed prosthodontics treatment for (teeth) number, using the universal numbering

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Patients Initials \_\_\_\_\_ Date \_\_\_\_\_

## Post-op instructions while in your temporary(s)

1) Your permanent crown(s) or bridge will not look like your temporary. Your temporary was made to protect your tooth between appointments. It is designed to keep the adjacent and opposing teeth in their positions and to protect the tooth from thermal or traumatic insults (such as chewing). It is made of acrylic and cemented with a sedative temporary cement. It is intended to come off. Acrylic comes in only a few shades, so it may be impossible to match the shade of your existing teeth. Considerable effort by the staff will be given so that you may have a satisfactory temporary. If the temporary were fabricated so that it was as nice as the permanent crown, the fee for the procedure would have to be almost doubled.

2) DO NOT EAT STICKY FOODS OR CHEW GUM ON YOUR TEMPORARY, AS THEY WILL PULL THE TEMPORARY OFF YOUR TOOTH. If your temporary comes off or breaks between appointments, please call us so we can get you back in to re-cement it or fabricate a new temporary. Sometimes the patient can place the temporary back in its proper place, and it will stay. The temporary will only go on the tooth in one direction. Sometimes, Fixodent or Vaseline placed inside the temporary will help hold it in place. If your temporary comes off and you leave it off, it is possible for the gum tissue to grow into the crown preparation, and the adjacent and opposing teeth may move, preventing the permanent crown from fitting properly. If this occurs, it will be necessary to start the procedure again by administering anesthesia, possibly re-prepping the tooth, taking a new impression, and fabricating a new temporary. The patient may be held responsible for any additional costs due to negligence on the part of the patient.

3) Brush and floss daily. This is extremely important in keeping the gum tissue around the temporary healthy. This will help make your cementation appointment go more smoothly. When flossing, pull the floss out from the side of the teeth instead of from the biting surface. Pulling the floss from the top can cause the temporary to come loose. If you have problems keeping your temporary clean, let us know. If you received a bridge temporary, it is important to use Superfloss and/or floss threaders. We will show you how to use these products.

4) Discomfort is usually controlled with Ibuprofen 800 mg taken three times a day. This is equivalent to four over-the-counter tablets of Ibuprofen, Motrin, or Advil. It is extremely important to eat before taking this medication. If you cannot take Ibuprofen, then two Extra-Strength Tylenol should be taken every four hours until symptoms subside.

5) You will be given a crown cementation appointment as soon as possible. It is important to keep this appointment, as prolonging the time between the preparation and cementation appointments may cause the crown not to fit properly, especially if the temporary has been off. We will do everything possible to keep this waiting time to a minimum.

6) When your crown is permanently cemented at your next appointment, the tooth will be sensitive to air and water once the temporary is removed, provided you have not had a root canal. Many patients do not like to be given anesthesia for this appointment; however, you may prefer to be given an injection prior to the removal of your temporary. This is entirely your choice. Unless you tell the staff differently, you will not be given an injection at the cementation appointment.

Patients Initials \_\_\_\_\_ Date \_\_\_\_\_

**FOR FULL MOUTH REHABILITATION PATIENTS**

**Orthotic Phase to full mouth preparation-**

I understand that my lower functional orthotic has been equilibrated over the past several months, making it comfortable for me to chew and function. My muscles and my TMJ feel comfortable. I am happy with the alignment or relationship of the upper and lower teeth. I am ready to proceed with the next step in Full Mouth Reconstruction, which consists of, but is not limited to, the following steps:

- 1) Anesthetizing all upper and lower teeth
- 2) Removal of existing restorations, decay, existing posts (if applicable), and the existing fixed orthotic
- 3) Receiving temporary restorations on all upper and lower teeth that closely resemble the bite relationship and the final anatomy of the crowns.
- 4) One or more equilibration appointments to further fine-tune the bite in both the temporary stage and on the final restorations

Please understand that dentistry is not an exact science. The doctor may use diagnostic modalities such as Electromyography, Sonography, and Transcutaneous Electrical Neural Stimulation to rebuild your bite near your jaw's rest position. However, your body or perception of your bite might change.

Please understand that the doctor makes sincere efforts to make the process and outcome reasonable and comfortable. However, no guarantees can be made due to the biological nature of the procedure.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor Signature

\_\_\_\_\_  
Date

## Pre and Post-operative instructions for Prosthodontic procedures

You will be scheduled for a long appointment. The followings are suggestions to make your appointment more comfortable.

- 1) Please wear comfortable clothing
- 2) Bring your favorite music
- 3) Do not take caffeine the day of your appointment
- 4) Do not take Ibuprofen or other non-prescription blood thinners
- 5) Have a high-protein breakfast, i.e., eggs, milk, or yogurt
- 6) Do not take any sedatives or medications that Doctor is not already aware of
- 7) At the end of your appointment, we may dispense Ibuprofen 800 mg
- 8) Please remember to take your prophylactic antibiotic (if applicable)
- 9) It may take several hours for the anesthetic to wear off
- 10) Please stay on a soft diet until you are comfortable chewing again
- 11) If you had a laser gingivectomy, your gums may look dark or black for a few days
- 12) You may feel tingling or throbbing in the teeth or gums
- 13) Please rinse with a saline solution or salt water for several days
- 14) Avoid cold or acidic foods such as salsa, vinegar, ice cream, etc., if uncomfortable
- 15) Avoid hard or chewy foods while in temporaries
- 16) Avoid foods that can stain your acrylic temporaries, such as red wine, berries, or food coloring
- 17) Your bite may need several adjustments until the teeth feel comfortable to chew with. You may experience muscle spasms or joint pain if the bite is off.
- 18) Protect your final restorations by wearing your occlusal guard diligently at night or during stressful situations when you may be prone to grinding or clenching.
- 19) Please do not use your teeth as a tool, and avoid opening items with your teeth.
- 20) Avoid biting on hard things, such as bottle caps, fingernails, ice cubes, hard candies, nuts, popcorn kernels, granola bars, hard cereal, carrots, hard bread crusts, caramel apples, taffy, etc.
- 21) Maintain a healthy smile by visiting your dental office every 4-6 months for cleanings and exams.
- 22) Due to the bonded nature of the porcelain restoration, if it fractures or separates from the tooth, it may sometimes be re-bonded or repaired. Please save the fragments and bring them to our office.

Porcelain restorations have been shown to last for a long time, provided routine care is taken to maintain good oral health. Simply stated, anything that can damage or harm your natural enamel can damage glass restorations. Please follow the above guidelines to assure a long-lasting, beautiful Smile.

Patients Initials \_\_\_\_\_ Date \_\_\_\_\_

## You should call our office right away if:

- A) Your bite feels uneven
- B) You have persistent pain
- C) You have any questions or concerns

\*Emergency telephone numbers:

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- (1) I have reviewed and discussed the risks and potential complications of this procedure.
- (2) I understand that the risks may include factors not covered in this discussion.
- (3) If unexpected situations arise during the procedure requiring additional or different actions, I authorize my doctor to proceed with whatever they find necessary. I recognize that dentistry is not always precise, and I understand that there are no guarantees that the treatment will be fully successful or cure my condition.
- (4) I have discussed my treatment with the doctor, had the opportunity to ask questions, and received full answers. I understand the procedure, other possible treatments, and the associated risks.
- (5) I understand that a prosthodontist could perform this procedure.
- (6) I choose to have this procedure performed by Aesthetic Smiles.
- (7) I know that good oral hygiene, including brushing, flossing, and regular dental visits, is vital to the success of my restoration.
- (8) I understand the post-procedure instructions for my temporary restoration and the importance of returning promptly for the final placement.
- (9) I confirm that I have read, written, and understood English.
- (10) I have received instructions on caring for my temporary and permanent restorations, including crowns, bridges, inlays, onlays, and veneers, and I fully understand them.
- (11) I will be provided with a copy of this consent form after signing if I request one.

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*Signature (legal guardian if patient is a minor or incompetent)*

*Date*

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*Doctor's Signature*

*Date*

## Temporary Restorations

Yes, I approve of the shape, length, and shade of my temporary veneers/crowns and consent for the doctor to proceed with the fabrication of my permanent restorations.

No, Modifications to be communicated to the laboratory:  
width/length of teeth: \_\_\_\_\_  
Color: \_\_\_\_\_  
Anatomy: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient Signature/ Date

\_\_\_\_\_  
Doctor Signature/ Date

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## Permanent Restorations

Yes, I approve the shape, length, and shade of my veneers/crowns and consent to the doctor proceeding with the permanent cementation of my permanent restorations. I understand that adjustments may be needed to the restorations to complete the bite and fit. However, any changes to color or shape after the bonding process would likely require cutting off the restorations, which may result in further reduction in tooth structure and additional fees under the current fee structure.

No, Modifications to be communicated to the laboratory:  
width/length of teeth: \_\_\_\_\_  
Color: \_\_\_\_\_  
Anatomy: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature/ Date

\_\_\_\_\_  
Doctor Signature/ Date

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