

## **Informed Consent for Re-cementation of a Dental Restoration**

Dental restorations are not supposed to fall out and when they do fall out, there is usually a problem with the restoration or a problem with the tooth that supports the restoration. We have informed you that the very best thing for you to do is to remake a new post, crown and/or bridge for the old one that fell out. However, you have chosen to have your old restoration re-cemented.

Either for financial reasons or due to time constraints, some patients request that their old restorations be re-cemented knowing that the old restoration or tooth has a problem and should be replaced. Unfortunately, many patients procrastinate and do not return for important work. It is our wish that you enjoy good dental and general health and it doesn't make sense to choose less than optimal dental care.

We have agreed to re-cement your old dental restoration with either temporary or permanent cement to provide you time to arrange for better care. We do understand that not having a tooth in place can cause cosmetic problems and/or cause unwanted tooth movement.

Prior to agreeing to the re-cementation of this restoration we informed you that several serious problems could result from this re-cementation. This includes, but is not limited to:

1. The restoration becoming loose and falling out requiring a new dental visit at your own cost.
2. The restoration becoming loose, falling out and being lost requiring a new dental restoration be made at your own cost.
3. The restoration becoming loose, falling out and being swallowed. This many require endoscopy and/or gastrointestinal surgery to remove the restoration.
4. The restoration becoming loose, falling out and being aspirated into your lungs. This many require endoscopy and/or thoracic surgery to remove the restoration.
5. There may be decay in the tooth underlying the restoration and this decay may grow which may then lead to the need for root canal therapy or extraction of the tooth.
6. The re-cemented restoration may become loose and/or crack due to the change in the bite requiring a new dental restoration be made at your own cost.

We provide **no warranty or guarantee** for re-cementing a crown that we have suggested be replaced. Additional dental care related to this tooth will continue to be at your own cost. We have pre-informed you that it can be very frustrating and expensive to care for you in this situation. Many patients believe that because we re-cemented a restoration with a problem that we somehow made it better and that we are now responsible for any future problems related to the restoration.

## Temporary Restorations

Temporary restorations are temporary and should never be worn for more than a few months. There are some exceptions but very few. Please arrange to return to your dentist as soon as possible to complete your dental work. Problems could result such as your tooth developing tooth decay or worse, your tooth could die and require a root canal or extraction. If necessary, call your dentist to let him or her know that your temporary came out and that you had it re-cemented at the Atlanta Dental Group PC.

Unfortunately, our dentists can not be responsible for problems with temporary restorations made at other dental offices. It's not our work so we must charge for the work we do on a visit by visit basis.

## General Information

Please avoid chewing sticky or hard foods that may dislodge your re-cemented restoration(s).

## Permission to re-cement a restoration with a problem

I have read and understand this consent form. An Atlanta Dental Group PC staff member has educated me and I understand that there are potential complications with re-cementing my dental work. Understanding that I may have problems, however, I choose to take the associated risks and I request that my dental restoration(s) be re-cemented. **I hold the Atlanta Dental Group PC including its doctors and staff harmless** for any problems that may result from re-cementing this dental restoration(s).

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Atlanta Dental Group PC 1624 Piedmont Avenue, NE Atlanta, Georgia 30324 (404) 874-7428  
www.atlantadentist.com**