

Fax Cover Sheet

To: 19725329272

From:

Name: Pan Family Dental

Phone: 585-271-1229

Sent on: 01-12-2026

Informed Consent – Direct & Indirect Restorations

I have been advised of and understand that treatment of dental conditions requiring crowns, fixed bridgework and/or fillings includes certain risks and possible unsuccessful results, including the possibility of failure. Even when care and diligence is exercised in the treatment of conditions requiring crowns, bridgework, fillings and fabrication of same, there are no promises or guarantees of anticipated results or the length of time that the restoration will last.

Potential Benefits

- Strengthening of tooth structure
- Replacing a damaged or broken tooth
- Protecting a worn tooth
- Removing tooth decay
- Reducing or eliminating discomfort
- Anchorage for a dental appliance

Risks Include, But Are Not Limited To:

- Reduction of tooth structure: Tooth preparation is necessary to place restorations and will be done as conservatively as practical.
- Numbness following use of anesthesia: Temporary swelling, tenderness, or numbness may occur; rarely, numbness may be permanent.
- Sensitivity of teeth: Sensitivity may be mild to severe and temporary or prolonged. Persistent sensitivity should be reported.
- Necessity for root canal therapy: Trauma to the pulp may require future root canal therapy, surgery, or extraction.
- Breakage: Restorations may chip or break due to biting forces, trauma, or undetectable cracks.
- Uncomfortable or strange feeling: Artificial restorations may feel different and may cause temporary or persistent jaw discomfort or TMJ symptoms.
- Esthetics or appearance: Shade and appearance are matched as closely as possible; final approval occurs prior to cementation.
- Longevity of restoration: No guarantees can be made regarding how long restorations will last.
- Risk of fracture: Fracture lines may occur during or after placement of restorations.
- Risk of future treatment: Failure to attend scheduled appointments may result in failure of the restoration and additional fees.

I have been given the opportunity to ask questions regarding the nature and purpose of my treatment and have received answers to my satisfaction. I voluntarily assume all possible risks associated with this treatment, including the risk of substantial harm. By signing below, I authorize my dentist and/or associates to render necessary treatment and to prescribe or administer medications and/or anesthetics as deemed necessary.

Patient Information:

First Name: _____

Last Name: _____

Date of Birth: _____

Date: _____

Patient Signature: _____