CONSENT FORM · RESTORATIVE

Consent for Bridges

Please read this form carefully. It explains the treatment we have recommended, its benefits, risks and alternatives, so you can make an informed decision. Take as long as you need and ask us anything. You may change your mind at any time before or during treatment.

PATIENT FULL NAME	DATE OF BIRTH	PATIENT NUMBER

TOOTH, TEETH OR AREA	TREATING CLINICIAN	DATE

SECTION 1

About your treatment

A bridge is a fixed way to replace one or more missing teeth by attaching a false tooth to the teeth next to the gap. It can be conventional or resin bonded.

A conventional bridge uses crowns on one or both teeth next to the gap to hold a false tooth, called a pontic. The supporting teeth need to be shaped, which removes some tooth structure. A resin bonded bridge, sometimes called an adhesive bridge, has a thin wing bonded to the back of a neighbouring tooth, with little or no drilling. It is often used for front teeth.

Bridges are fixed in place, so you do not take them out. The right type depends on the health and position of the neighbouring teeth, your bite and your gums. We take a digital scan and plan the bridge with a dental laboratory.

What happens

STEP	WHAT IT INVOLVES
1. Assessment	We examine the gap and supporting teeth, check your gums and bite and take X-rays.
2. Planning	We discuss conventional and resin bonded bridges, implants and dentures, and choose the shade with you.
3. Preparing the teeth	With the teeth numbed, we shape the supporting teeth. For a resin bonded bridge, little or no shaping is needed.
4. Digital scan and temporary	We scan your teeth and, for a conventional bridge, fit a temporary bridge.
5. Fitting	We check fit, bite and appearance, then cement or bond the bridge in place.
6. Cleaning advice and review	We show you how to clean under the false tooth and review the bridge at your check ups.

SECTION 2

Expected benefits

- Replaces missing teeth with a fixed restoration that does not come out.
- Restores appearance and chewing.
- Helps stop neighbouring teeth drifting into the gap.
- Usually quicker than an implant and needs no surgery.
- A resin bonded bridge keeps most of the neighbouring tooth intact.

SECTION 3

Risks and possible complications

Every treatment carries some risk. These are the risks we believe are important for you to know about. Your dentist will explain any that apply particularly to you.

RISK	WHAT IT MEANS	HOW LIKELY
Sensitivity	Supporting teeth may be sensitive after preparation or fitting, which usually settles.	Common
Coming loose	Bridges can come unstuck. This is more likely with resin bonded bridges, which may need rebonding over time.	Common
Nerve damage to supporting teeth	Shaping teeth for a conventional bridge can affect the nerve, and root canal treatment may be needed later.	Uncommon
Decay under the bridge	The supporting teeth can still decay, especially if cleaning is difficult. This can mean the whole bridge needs replacing.	Uncommon

RISK	WHAT IT MEANS	HOW LIKELY
Food trapping and gum problems	Food can collect under the false tooth. Gum inflammation can develop without careful cleaning.	Common
Chipping or fracture	The porcelain can chip, especially if you grind your teeth.	Uncommon
Grey show through	With a resin bonded bridge, the metal wing can make a thin front tooth look slightly grey.	Uncommon
Loss of a supporting tooth	If a supporting tooth fails, the bridge may need to be removed and a different option chosen.	Uncommon

Common means it may affect more than 1 in 10 people. Uncommon means between 1 in 100 and 1 in 10. Rare means fewer than 1 in 100.

SECTION 4

Alternatives, including no treatment

- **No treatment**: leaving the gap. Neighbouring teeth may drift or tilt, the opposing tooth may overerupt, and appearance and chewing may be affected.
- **Dental implant**: replaces the tooth without involving neighbouring teeth, but needs surgery and healing time, and costs more.
- **Partial denture**: removable and less costly, but may be less comfortable and less stable.
- **Orthodontics**: in some cases, moving teeth to close or redistribute the space.

SECTION 5

Costs

ITEM	GUIDE FEE
Bridge per unit (each crown or false tooth)	£950
Digital radiograph, single	£15
Advanced digital 3D scan and imaging	£150
Alternative implant options	Quoted at consultation

YOUR ESTIMATED TOTAL (FROM YOUR WRITTEN PLAN) £

PLAN REFERENCE

ESTIMATE VALID UNTIL

Fees are confirmed in your written treatment plan. If anything changes during treatment that affects the cost, we will discuss it with you first.

SECTION 6

Anaesthetic and sedation

☐ Local anaesthetic ☐ No anaesthetic needed ☐ Inhalation sedation ☐ IV sedation

If sedation is planned you will also sign a separate sedation consent form and receive written sedation instructions.

SECTION 7

Your consent

Please initial each statement you agree with.

I understand that a conventional bridge involves shaping the supporting teeth, which cannot be reversed. ☐

I understand that a resin bonded bridge may come loose and need rebonding. ☐

I understand that supporting teeth may become sensitive or may need root canal treatment. ☐

I understand that decay or gum disease of the supporting teeth can cause the bridge to fail. ☐

I understand that I need to clean under the false tooth every day, using the aids recommended. ☐

I have been told about the alternatives, including implants, dentures and no treatment, and what they would mean for me. ☐

I have read this form and the information leaflet, or had them read to me, and I understand them. ☐

I have had enough time to consider my options, and my questions have been answered to my satisfaction. ☐

I understand the alternatives, including no treatment, and the material risks that apply to me.	☐
I understand the costs set out in my written treatment plan.	☐
I understand that if something unexpected is found, my dentist will stop and discuss it with me unless stopping would put my health at risk.	☐
I understand I can withdraw my consent at any time, and that results vary and no outcome can be guaranteed.	☐
I agree to clinical photographs, scans and X-rays being taken for my dental records.	☐

SECTION 8

Signatures

Patient. I agree to the treatment described on this form.

PATIENT SIGNATURE | PRINT NAME | DATE

Parent or guardian (if the patient is under 16, or lacks capacity and you hold legal authority).

SIGNATURE | PRINT NAME | RELATIONSHIP TO PATIENT | DATE

Interpreter (if used). I have interpreted the information on this form to the best of my ability.

INTERPRETER SIGNATURE | PRINT NAME AND LANGUAGE | DATE

Clinician. I have explained the treatment, the intended benefits, the material risks, the reasonable alternatives including no treatment, and the costs. I have given the patient time and opportunity to ask questions, and I believe they understand.

CLINICIAN SIGNATURE | PRINT NAME | GDC NUMBER | DATE

CONFIRMATION ON THE DAY OF TREATMENT

If you signed this form at an earlier appointment, we will check with you on the day that nothing has changed and that you still wish to go ahead.

PATIENT SIGNATURE | CLINICIAN SIGNATURE | DATE | TIME

Questions or second thoughts? Call 01932 507650, WhatsApp 07835 798 611 or email hello@lusso.dental. A copy of this signed form is kept in your records and a copy is given to you.