



# Greenwoods™

## Dental & Surgical Centres

★ 693 McPhillips Street, Winnipeg, Manitoba R2X 2H6 (204) 774-7774 Fax (204) 633-1143

249½ Henderson Highway, Winnipeg, Manitoba R2L 1M3 (204) 775-7775 Fax (204) 667-6229

246 Portage Avenue, Winnipeg, Manitoba R3C 0B1 (204) 779-7779 Fax (204) 594-5768

1531 Pembina Highway, Winnipeg, Manitoba R3T 2E5 (204) 221-2221 Fax (204) 504-5111

1462 Regent Avenue West, Winnipeg, Manitoba R2C 3A8 COMING SOON

1128 Richards Street, Vancouver, BC V6B 3E6 (604) 566-7666 Fax (604) 566-7660

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

A fixed bridge restoration has been recommended for me on the following teeth; \_\_\_\_\_, replacing missing tooth (teeth) # \_\_\_\_\_.

**My bridge is necessary for the following reason(s):**

- Replacement of a missing tooth / teeth     Decay around prior bridge     Broken prior bridge  
 Changing my bite     Cosmetic purpose

### RISKS OF FIXED BRIDGE RESTORATIONS

I have been informed and fully understand that there are certain inherent and potential risks associated with fixed bridge restorations. I understand that the nerves inside my teeth may be irritated by treatment, and I may experience pain or discomfort during and/or after treatment. My teeth may become more sensitive to hot and cold liquids and foods. I understand that root canal treatment may become necessary on the support (abutment) teeth at any time during or after treatment and may not be avoidable. I understand that a fixed bridge restoration may not relieve any symptoms I may be experiencing.

I understand that once prior fillings and decay are removed, it may reveal a more severe condition of my tooth or teeth. This condition may require periodontal (gum) surgery to uncover more of the tooth, may require one or more root canal treatments in addition to a fixed bridge restoration, or may instead require the extraction of the tooth or teeth.

I understand that I may notice slight changes in my bite. I understand that during and for several days following treatment, I may experience stiff and sore jaws from keeping my mouth open.

I understand there may be injury to my gums around and near the teeth that will support the bridge. I understand that my gums may recede after the completion of my fixed bridge restoration. I understand that poor eating habits, oral habits (smoking, fingernail biting, etc.), and poor oral hygiene will negatively affect how long my fixed bridge lasts.

I understand that once a fixed bridge is started, I must promptly return to have the fixed bridge completed. If I fail to return for completion of the fixed bridge, I risk decay, the need for root canal treatment, tooth fracture and loss of the teeth involved.

### ACKNOWLEDGMENT

I will follow any, and all treatment and post-treatment instructions as explained and directed to me and will permit the recommended diagnostic procedures, including X-rays.

I have discussed my treatment with my dentist and have been given an opportunity to ask questions and have them fully answered. I understand the nature of the recommended treatment, alternate treatment options, the risks of the recommended treatment, the risks of refusing treatment, and I acknowledge that no guarantees, warranties, or representations have been made to me concerning the results of the treatment.

I understand the risks and elect to have this procedure performed by Dr. \_\_\_\_\_. I understand that if any unexpected difficulties occur during treatment, I may be referred to a prosthodontist for further restorative care of this tooth.

\_\_\_\_\_  
PATIENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TREATING DENTIST SIGNATURE

\_\_\_\_\_  
DATE