

## Written informed consent

### Dental Crown

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for dental crown in relation to the tooth numbered -----and I have been explained about the procedure in detail including drilling of the tooth to reduce the size of the tooth for processing and placement of a dental crown. Variations in the nature of dental crowns are explained. I have been explained the possibility of exposing the pulp (nerve of the tooth) and the need to undergo root canal treatment if not done earlier.

The risk of tooth getting fractured if not covered with dental crown has been explained.

Post-operative sequels like pain and sensitivity for few days have been explained. I have been informed about the possibility of loosening of the dental crown/cap, food lodgement and in such a case i have been advised to bring the same soon to get it cemented/fixed to the tooth.

I hereby agree to undergo the dental crown and agree to follow-up with the doctor as per his/her advice.

Date:

signature of the patient:

Time:

signature of the patient attendant:

Signature of the Doctor with seal: