

## Written informed consent

### Crown Removal Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for dental crown removal in relation to the tooth numbered -----and I have been explained about the procedure in detail including application of force via crown remover and if not successful, need for use of dental air motor to cut the crown of the tooth for treatment of the tooth. In such a case replacement of the crown with new one is required and variations in the nature of dental crowns are explained. I have been explained the possibility of fracture of the tooth while crown removal and removal of the tooth if need be.

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: