



## Hume Dental Group

1 Katryn Street, Fawkner Vic 3060

03 93574477

info@hume.dental

ABN: 90 109 826 066

### Consent Form – Recementation of Crown or Bridge

*(Please complete with three patient identifiers: Full Name, Date of Birth, and Contact Number/Address)*

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**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Phone/Address:** \_\_\_\_\_

**Treating Dentist:** Dr. \_\_\_\_\_

**Date:** \_\_\_\_\_

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### Procedure Details

You are having a **previously placed crown or bridge recemented**. This means the restoration has come loose or fallen off and will be cleaned and reattached to the tooth/teeth using dental cement.

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### Important Information

- The dentist will **inspect the crown or bridge and the underlying tooth/teeth** for decay, fractures, or damage before recementation.
  - Sometimes, **cement failure occurs** because of underlying issues such as decay, tooth wear, gum recession, or excessive bite forces.
  - If the underlying tooth structure is weak or damaged, **recementation may only be a temporary solution**.
  - The dentist may recommend **a new crown or bridge** if the existing one no longer fits securely or if there is decay underneath.
  - When the supporting tooth is **vital (alive)**, there is a small risk of future **pain, sensitivity, or need for root canal treatment** after recementation.
  - For **bridges**, loosening can place stress on the supporting teeth. Recementing may not guarantee long-term success if the supporting teeth or cement seal are compromised.
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## Risks and Limitations

I understand that:

- ☐ The restoration may **come off again** in the future.
  - ☐ There may be **decay, cracks, or damage** under the crown or bridge.
  - ☐ The tooth/teeth may become **sensitive or painful**, possibly requiring **root canal treatment** or new restorations.
  - ☐ The fit may not be perfect if the internal surface or tooth has changed.
  - ☐ The dentist may advise against recementation if the restoration cannot be safely reused.
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## Alternatives Discussed

- ☐ New crown or bridge fabrication
  - ☐ Temporary recementation until new restoration is made
  - ☐ Leaving the tooth unrestored (not recommended long-term)
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## Patient Consent

I have had the procedure, risks, and alternatives explained to me.

I have had the opportunity to ask questions and understand the information provided.

I consent to have my **crown or bridge recemented** by Hume Dental Group.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dentist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_