

## Patient Consent for Crown

Patient \_\_\_\_\_, needs PFM crown on tooth #  
\_\_\_\_\_ which will have very poor prognosis due to malocclusion and  
excessive tooth loss. We recommended orthodontic treatment and/or possible crown  
lengthening procedure prior to crown fabrication. Patient (or guardian) was informed, but  
patient has declined orthodontic treatment and/or crown lengthening procedure.

The patient (or guardian) has decided to continue with the crown(s) (cuspid protection  
restoration) with the full understanding of the consequences of failing and complications  
associated with the procedure and the poor prognosis of the result. For that I

\_\_\_\_\_ authorize Dr. \_\_\_\_\_ to perform the  
mentioned above procedure with my full understanding of the consequences.

\_\_\_\_\_

Patient or Guardian

\_\_\_\_\_

Date