

Post Crown and Bridge Delivery Instructions

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Here are some issues you may experience. They are normal processes of getting adjusted to the new restorations.

- Initial gum bleeding upon brushing and flossing- especially with cementation process, gum may be traumatized temporarily.
- Movement of teeth- during provisionalization, all teeth were bound together. You didn't feel the natural movement of the periodontal ligament around teeth with bound provisionals. Now you will.
- Pain with jaw- cementation is a long process, your jaw may get fatigued. Muscle soreness often happens after cementation appointment.
- Plastic pieces in the mouth- they are small cement pieces stuck between teeth. Because they are transparent, despite our efforts to clean them, they may not all come out at once.
- Cheek bite/ tongue bite- our oral tissue will need time to get used to the new restorations.
- Sensitive teeth/ gum—especially to temperature. Once teeth are manipulated, they get more sensitive. Gold alloy underneath restorations is more conductive to temperature than acrylic material. You will feel temperature more.
- Clicking—all teeth click. During provisional phase, acrylic material is more resilient, creating dampening effects on the bite surface. Now you have hard porcelain contacts, they will click like natural teeth.
- Different bite—porcelain contacts feel different from acrylic ones. You will need time to get used to it.

I, _____, (print name) understand that once restorations are cemented, only minor adjustments can be made, including shortening, rounding of the front teeth and equilibration of the bite. Major changes will not be possible, such as changing color, size or lengthening of restorations. Once the crowns are cemented, they cannot be removed without destroying them.

By signing here, I agree to cementation of the final restorations. I am overall satisfied with the esthetics of the restorations. I understand this does not mean the end of the treatment, since we may still need to do minor adjustments to achieve optimal esthetics and function.

Signature _____ Date _____

Dentist _____