

**INFORMED CONSENT  
OF PLACEMENT OF FIXED PROSTHESIS**

Tampico, Tamps. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

You have the right to know the procedure to which you will be subjected and the most frequent complications that occur. This document attempts to explain all these questions, read it carefully and consult all the doubts that arise. We remind you that, by legal imperative, you or your legal representative will have to sign informed consent to perform the procedure described below then, without the signature of this document, the procedure cannot be carried out some. Having read the above, on purpose, I declare to have been informed and to have understood thoroughly the convenience and objective of the fixed prosthesis procedure, which is return the function, aesthetics and phonetics of the oral cavity through crowns (covers) of different materials and may or may not need to place some accessories, such as pins or posts (which are placed inside the tooth canal which previously received the corresponding root canal treatment), or implants (replacement of the natural roots), etc. whose destiny is to give retention to the fixed prosthesis formed by the crowns.

I have been informed, and understand, that the fixed prosthesis provides chewing similar to the natural one and an adequate speech, although it does not allow to close the space that could have been created between the teeth when the gums have receded and when speaking saliva or air may escape; that the natural bone reduction process jaws and gums exposes the joints between teeth and covers, so cosmetically it may need replacement; What substitution causes can be: unrecoverable injuries (caries, fractures, marginal leaks, changes in the jaws and in the position of the natural teeth), inexorable processes of the passage of time (ageing) and that can be aggravated by carelessness and lack of hygiene from my part.

TEXAS DENTAL CLINIC  
CD Dominga Cortez Garcia  
Dental Surgeon / Osseointegrated Dental Implantology  
Ced. Prof.: 19911138 / Ced. Esp.: 11557201  
19 Benito Juarez Avenue New Downtown Area,  
Rio Bravo Progress Tamp. Mex. ZIP 88810  
Tel: 956-467-1535 / 956-467-4644 / 899-937-0832  
Email: texasdentalclinic2012@gmail.com

To carry out a dental prosthesis treatment, it has been explained to me and I have understood, the need to grind the abutment teeth of the fixed prosthesis, which may lead to possibility of excessive approach to the pulp chamber (nerve) that would make it necessary perform an endodontic treatment (removal of the nerve from the tooth) and, in some cases if the stump (remains of the crown) remains fragile, it will be necessary to make a bolt or fiber post or cast (metallic). It has also been explained to me the need to maintain scrupulous daily hygiene to avoid the development of gingivitis and secondarily periodontal disease (manifested with inflammation of the gums, bleeding and sometimes pain).

I understand that the treatment may take from 3 to 4 appointments where several chewing tests, color and size, during this period, the dental surgeon place a temporary cover and I understand that I must be very careful in the period that I have it on, at the end of the procedure they will place my fixed prosthesis (cover) of provisionally and later it will be permanently cemented with an adhesive that it could no longer be removed so easily by the professional, so before the definitive cementation, I must authorize the dental surgeon to perform said process.

It has been made clear to me that there is a possibility of fracture of any component of the prosthesis, which implies the repair, total change of the same and even the loss of the abutment tooth piece (where the fixed prosthesis sits).

Material agreed according to the particular situation of the patient:

TEXAS DENTAL CLINIC  
CD Dominga Cortez Garcia  
Dental Surgeon / Osseointegrated Dental Implantology  
Ced. Prof.: 19911138 / Ced. Esp.: 11557201  
19 Benito Juarez Avenue New Downtown Area,  
Rio Bravo Progress Tamp. Mex. ZIP 88810  
Tel: 956-467-1535 / 956-467-4644 / 899-937-0832  
Email: texasdentalclinic2012@gmail.com

Risk:

I have been informed and have had explained to me the statistically frequent risks that may involve this treatment, such as:

- Feeling that the artificial teeth are too big or too big in size, shape and color with the natural ones.
- The pronunciation of certain sounds may be slightly altered.
- He is likely to bite his cheeks and tongue easily.

If the prosthesis has been provisionally cemented: it can come off\_or it can notice slight discomfort in the teeth that serve as support, when consuming or ingesting cold, hot and sweet drinks or foods.

In addition to the risks described above, due to my special circumstances, it is necessary to expect the following risks:

---

---

I promise to take all the necessary care and precautions; to comply with the stipulated medication, without incorporating any modification; attend check-ups stipulated and immediately inform the responsible professional of any symptomatology that appears, in order to treat it early.

TEXAS DENTAL CLINIC.  
CD Dominga Cortez Garcia  
Dental Surgeon / Osseointegrated Dental Implantology  
Ced. Prof.: 19911138 / Ced. Esp.: 11557201  
19 Benito Juarez Avenue New Downtown Area,  
Rio Bravo Progress Tamp. Mex. ZIP 88810  
Tel: 956-467-1535 / 956-467-4644 / 899-937-0832  
Email: texasdentalclinic2012@gmail.com,

I confirm that I have read and understood the entire preceding document and that the physician and his team have explained the entire surgical act to me and have allowed me to perform all the necessary questions, giving me answers to my concerns, in a clear and easy.

So, I, \_\_\_\_\_ free on my decision, without any pressure or coercion, I voluntarily GIVE my consent for carrying out the fixed prosthesis procedure, proposed by the physician, who has explained to me the content and scope of this informed consent and the acts and/or procedures to which I voluntarily submit.

\_\_\_\_\_  
Name and signature of the patient

\_\_\_\_\_  
CD Dominga Cortez Garcia

\_\_\_\_\_  
Witness

TEXAS DENTAL CLINIC.  
CD Dominga Cortez Garcia  
Dental Surgeon / Osseointegrated Dental Implantology  
Ced. Prof.: 19911138 / Ced. Esp.: 11557201  
19 Benito Juarez Avenue New Downtown Area,  
Rio Bravo Progress Tamp. Mex. ZIP 88810  
Tel: 956-467-1535 / 956-467-4644 / 899-937-0832  
Email: [texasdentalclinic2012@gmail.com](mailto:texasdentalclinic2012@gmail.com),