



MOUNTAIN TOP
periodontics & implants

**8000 E. Prentice Ave. Unit D7
Greenwood Village, CO 80111
(303) 740-0080**

SURGICAL CROWN LENGTHENING INFORMED CONSENT

I hereby authorize the doctor to perform periodontal surgical crown lengthening.

This procedure is being performed to provide access to sound tooth structure to enable placement of a restoration. The procedure involves incision and removal of gum tissue and bone around the tooth. Sutures may or may not be placed.

Final restoration of the tooth should be delayed for 6 to 8 weeks after the date of the surgery.

Common Complications: Pain and swelling in the area.

Uncommon Complications: Infection, bleeding, and residual numbness.

All of my questions on the subject have been answered to my satisfaction.

Patient Name: _____

Patient Signature or Legal Guardian: _____

Date: _____