



**INFORMATIONAL INFORMED CONSENT  
POSTS AND RETENTION PINS**

**THE PURPOSE and NECESSSITY for placing POSTS and/or RETENTION PINS in teeth occurs when there is so little natural tooth structure remaining that with usual dental treatment procedures it would not be possible to preserve the tooth in either a vital or non-vital state. It then becomes necessary to place either pins or posts into the remaining tooth structure to form a substructure onto which a large filling or crown may be placed to restore and preserve the tooth. This type of treatment may help avoid extracting the remaining tooth structure together with its roots and possibly avert artificial replacement.**

**I UNDERSTAND that the placement of POSTS and/or RETENTION PINS which are often necessary to be placed when there is inadequate tooth structure remaining to support restoration of a particular tooth or teeth may include possible inherent risks such as but not limited to the following, including no promises or guarantees as to the desired results which may or may not be achieved:**

1. **Root canal treatment:** Even though the tooth is badly broken down, the nerve tissue may still be vital and it is best in most cases to maintain the tooth in a vital state rather than remove the vital nerve tissue. Because of the lack of tooth structure, in many cases, pins can be placed in the remaining tooth structure to support the restoration of the tooth. However, at times these pins may impinge on the remaining nerve tissue and cause it to degenerate, requiring nerve removal and root canal treatment.
2. **Crown or root fracture:** At times, particularly when a tooth has been endodontically treated (having had root canal treatment), the remaining tooth or root structure may have become brittle due to undermined or reduced tooth structure. When inserting either pins or posts necessary for retention of a large filling or crown, fracturing or splitting may occur, which in most cases will necessitate extraction of the tooth, making replacement with a bridge or implant.
3. **Perforation:** When posts or pins are inserted, there is the possibility of perforating a root of the tooth, or, in some cases, the pulp chamber. The potential for perforation is increased if an existing crown or bridge abutment is present. Should perforation occur, it is possible in some cases to repair the perforation which may require being referred to a specialist. However, if this is not possible it may be necessary to extract the tooth and replace it with a bridge or implant.
4. **Numbness:** There is the possibility of injury to the nerves of the face or tissues of the oral cavity during the administration of anesthetics or during treatment procedures which may cause a numbness of lips, tongue, tissues of the mouth, and/or facial tissues. This numbness is usually temporary, but rarely, may be permanent.
5. **Looseness or breakage:** There may be the possibility of the pins or posts becoming loose or even breaking which could cause the restoration to dislodge. This occurrence could be the result of chewing excessively hard materials, changes in biting force, traumatic blows to the mouth, etc. The dislodging of the restoration may have appeared to occur when chewing something soft, or for no apparent reason, whereas the loosening or breaking of the pins or posts actually took place earlier for the above reasons.
6. **Tenderness, soreness or sensitivity:** These are all possibilities when teeth are required to be treated with pins or posts. Should any of these symptoms persist it is necessary to contact this office for an examination.
7. **I acknowledge that it is my responsibility to seek attention should any undue problems occur after treatment. I shall diligently follow any preoperative instructions given to me.**

**INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of placing pins and/or posts in teeth and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered to me. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. David P. Gordon and/or any associates to render that treatment necessary or advisable to my dental conditions, including the administration and/or prescribing of any and all anesthetics and/or medications.**

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Patient's Name (please print)

Signature or patient, legal guardian  
or authorized representative.

Date

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Witness to signature

Date

