

Dear Mr XXXX

I thought I would write to you to outline the summary of our findings from your clinical examination 14/6/22



Your concerns

- Filling placed in the last few months lower right has broken and is causing food to get stuck
- You have a history of gum infections on the upper left hand side

Our Findings

In general, it was noted that gum health required immediate attention. There was genialised bleeding and inflammation with some localised areas with more acute issues. Some of these issues are linked to poorly fitting restorations however on the x rays (see below) it was noted that there was calculus deposits under the gums which is causing the bone to shrink away from the teeth. This is called 'periodontal disease' and if not treated can cause the teeth too lose so much support the become loose.

Due to our lack of available appointments, we have made a referral to RW Perio (75 Harley Street) who will work alongside us formulate an initial treatment plan to get your gums back to more ideal health and later, long term maintenance.

Following some initial hygiene visits we can begin with the restorative stabilisation portion of the plan.

Lower right



- The photograph shows
 - visibly defective restorations on the first and second molars.
- The xray shows
 - Calculus buildup under the gum line and associated bone loss.
 - Decay under the restoration on the first molar
 - Shadow on one of the roots of the first permanent molar (this tooth still tested alive with electronic pulp testing)
 - Large gap between the first and second molar contributing to the food trap

Due to the current gum health and the risk that at least one of these molar teeth may require root canal treatment I would advise crowning these teeth in stages

- Stage 1
 - Core build up and lab made long term provisional crown
 - This will give us time to fully stabilize the gum health and, if either of these molar teeth require root canal treatment in the short to medium term, will allow us to carry this out through the provisional acrylic crown rather than the definitive ceramic crown.
 - Excluding the cost of any root canal treatments that may be required the cost for the core buildup and long term provisional crown is **£1695 per tooth**
 - A root canal treatment by a specialist endodontist would be in the region of **£1000-1200**
- Stage 2
 - Converting these to definitive ceramic restorations in the future, (minimum 6 months up to several years) would cost **£795 per tooth**

Upper right



- The photograph shows a crown on the first molar and fillings in the second and third molars.
 - Not visible in the photograph is the defective fit of the crown on the first molar.
- The xray shows
 - Calculus buildup under the gum line and associated bone loss.
 - Decay under the restoration on the second molar
 - Poorly fitting crown on the first molar
 - Incomplete root canal treatment with a shadow on one of the roots of the first permanent molar

Due to the current gum health I would advise doing these these teeth in stages

- Stage 1
 - Second molar
 - Replacement direct composite filling **£420**
 - First molar
 - Core build up and lab made long term provisional crown
 - This will give us time to fully stabilize the gum health make sure there is sufficient tooth structure under this crown to allow us to place a new one following re root canal treatment.
 - Excluding the cost of any root canal treatments that may be required the cost for the core buildup and long term provisional crown is **£1695**
 - A re root canal treatment by a specialist endodontist would be in the region of **£1200-1500**
- Stage 2
 - Converting these to definitive ceramic restorations in the future, (minimum 6 months up to several years) would cost **£795 per tooth**

Lower left



- The photograph shows
 - visibly defective restorations on third molar.
- The xray shows
 - Calculus buildup under the gum line and associated bone loss.
- A replacement filling in the third molar **would be £420**
 - As with all deep fillings, there is always a risk of this tooth requiring root canal treatment in the future.

Upper left



- The photograph shows
 - Crown present upper left second premolar-clinically sound
 - Splinted crowns upper left first and second molars with associated inflammation
- The xray shows
 - bone loss.
 - Existing root canal treatments
 - Misfit crown upper left second molar

Due to the current gum health and the risk that at least one of these molar teeth may require re root canal treatment or possibly be unrestorable, I would advise treating these teeth in stages

- Stage 1
 - Remove existing splinted crowns and assess residual underlying tooth structure.
 - If deemed restorable Core build up and lab made long term provisional crown
 - This will give us time to fully stabilize the gum health and, if either of these molar teeth require re root canal treatment in the short to medium term, will allow us to carry this out through the provisional acrylic crown rather than the definitive ceramic crown.
 - Excluding the cost of any root canal treatments that may be required the cost for the core buildup and long term provisional crown is **£1695 per tooth**

- If either of these teeth are deemed un-restorable they will need to be extracted. If gum health improves then dental implants can be considered in the future.
- A re-root canal treatment by a specialist endodontist would be in the region of **£1000-1200**
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- Stage 2
 - Converting these to definitive ceramic restorations in the future, (minimum 6 months up to several years) would cost **£795 per tooth**

You need to be aware that

Decay can still occur around crowns on natural teeth and therefore it is essential that you adopt the correct oral hygiene procedures, cut down your sugar intake and see our dental hygienist at the recommended intervals of once per month during treatment and four months or shorter during the maintenance phase in order to stop any further disease. Should this regime not be followed then guarantees are no longer applicable.

Wear can take place on restorations in the long-term as well as on your existing teeth. Your bite will have been restored so as to minimise the chances of this. But should you undergo any episodes of stress you may start to clench and grind and this can wear and fracture teeth and restorations, implants etc. It is essential, therefore, that you wear an occlusal splint if you have worn your teeth in the past or if you have all-porcelain restorations fitted.

The colour of composite and ceramic restorations may change depending upon your intake of alcohol, smoking, tea, coffee and red wine etc. You are therefore encouraged to refrain from these if you wish the colour to remain cosmetic for the longest period possible.

Restorations will not change colour as your natural teeth age and so may appear lighter than your natural teeth at some stage in the future. This can be limited by regularly topping with home tooth whitening. Your gums will also recede during life and may leave margins showing between your teeth and crowns. For these reasons your porcelain restorations will need changing at certain intervals - in the region of ten to fifteen years should you adopt the correct maintenance regime recommended by us, including hygiene, and follow your post-operative instructions.

Heavily prepared teeth with a previous history of fillings, trauma, etc. may occasionally lose tooth vitality during or after treatment. Scientific studies put this risk at approximately 5% for crowns. If this happens, then you will require a root canal treatment and this is then done through the back of the restoration by our endodontist at an extra charge.

There is no guarantee or assurance that the proposed treatment will be 100 % successful. Due to individual patient differences there exists a risk of failure, relapse, selective retreatment, or worsening of your condition despite the care provided. However, to put this in perspective, we have a very small failure rate, usually influenced by the patient's inability to follow the correct maintenance procedures as described above.

Terms and conditions

Because your treatment involves long appointments should you cancel at **less than 4 working days notice' (Weekends excluded) there will be a charge of £450 per hour.**

An appointment cancelled on a Monday must be cancelled at the latest 9am the previous Tuesday.

Annual Review

Annual review appointments will be required for a thorough examination and monitoring of your new restorations. Radiographs and photographs will be taken at specified appointments. The data recorded will form a part of your records and will be used for your on going care to ensure the health of teeth and restorations. Current fees will be applicable.

As discussed above, it is totally essential that your oral hygiene and home care procedures are maintained to the highest standards and that you attend all your prescribed hygiene, maintenance and review appointments. **Recommended intervals for hygiene visits for maintenance is every 3-4 months.**

If you have any queries or questions, please do not hesitate to contact me at the practice.

Yours sincerely

Richard Field BDS Hons Glas

Please sign and return a copy signifying your agreement with the treatment plan and the likely costs involved.

Signature _____ Date_____