

SPORTS AND CRASHES

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This case retells the interactions between a private practice general dentist and his very esthetically driven patient. The patient, Mark, is an up and coming skateboard competitor. Mark comes to his general dentist, Dr. Scott seeking treatment. A treatment plan and financial arrangements were agreed upon after a full work up was completed.

After weeks of treatment planning and discussions, Mark was finally satisfied and ready for treatment. The treatment plan was agreed upon and signed. Mark paid the usual half up front on the start day of treatment. This day Mark left with amazingly “Rad” temporaries. Mark was a no-show for his next scheduled appointment for impressions. When he did return, Mark presented with emergency trauma to his front four teeth. At this point to restore these teeth will require much more work on Dr. Scott’s part, but Mark does not want to pay any more for treatment. Now Dr. Scott must decide what to do.

Dr. Scott is a dentist with a well-established practice known for his cosmetic dentistry. The patient, Mark, is an up and coming skateboard competitor. Mark makes a consultation appointment to find out what can be done about the esthetics of his front teeth. Mark explains that he feels like his teeth are too dark and very small along with some chips from previous skateboard accidents. At the consultation visit Dr. Scott fully explores Mark’s motivation for treatment and talks to him about conservative options that would be less invasive for Mark. Dr. Scott discusses this a less invasive approach because of the obvious dangers that Mark’s professional sport presents to any extensive dental work. Mark assures Dr. Scott that he is still willing to take the responsibility for any accidents that might happen and admits that this is one of his “occupational hazards”.

At the second appointment models are made, new radiographs taken and pre-op photographs are made for treatment planning. Dr. Scott then compiled all information and formulated a treatment plan for Mark. This treatment plan included surgical lengthening of the front teeth by moving the gum tissue up, bleaching of all teeth, and finally treating the upper front four teeth with veneers.

It was also stress to the patient that it would be his responsibility to wear a night guard when sleeping and an athletic mouth guard with skateboarding. Both Mark and Dr. Scott agreed to the treatment plan, terms of the plan, and signed it. The patient was given a copy of the treatment plan. Mark left with a copy of the signed treatment plan.

Mark had the gum surgery completed during his off-season followed by home bleaching of all of his teeth. Once this phase was complete it was time to start on the veneers for the four upper front teeth. Dr. Scott suggested that Mark wait as the skateboard competitive season was just gearing up. Mark insisted that treatment continue. Against Dr. Scott's better judgment, the veneers were started.

The upper front four teeth were prepared for veneers and the patient was to wear his temporary veneers for six weeks to see if he could adjust to the new length of the edges of the teeth before the final impression was made to have the porcelain veneers fabricated. Mark paid the usual half up front for the veneers. When Mark left the office that day he was very please and told Dr. Scott that the temps were amazingly "Rad".

Mark was a no-show for his next scheduled appointment for impressions. When he did return, Mark presented with emergency trauma to his front four teeth. At this point to restore these teeth would require much more work on Dr. Scott's part, but Mark did not want to pay any more for treatment. Dr. Scott was legally bound in the state that he practiced in to finish work that he starts. Dr. Scott can take short cuts that will help him not lose money on the case but will provide Mark with poor work. On the other hand, Dr. Scott finish the work correctly and try to collect later on the actual cost of the new need treatment.