



A Royal Dilemma: What should be done about patients who want to take their crowns elsewhere?

By TDIC Risk Management Staff

You take time to build relationships with your patients and plan long-term treatment success. But what happens when a patient has “a better idea” of what should happen midtreatment? Though many patients desire a sense of control in their dental care and want to exercise choice, the trouble happens when a patient attempts to dictate clinical decisions. This Risk Management team at The Dentists Insurance Company has seen a recent trend in the number of patients who are requesting their restorations simply be handed over so that they can have another dentist deliver them. These cases involve everything from patients taking their crowns to another practice for delivery to contacting the lab directly.

While it’s hard to understand why a patient would make such choice, it’s important to have a response ready in case your practice encounters this scenario. It can be disappointing to have a patient not follow through with your planned treatment, but more than that, your patient and your practice are both put at risk if patient does not complete the treatment in progress.

One case reported to Risk Management involved a patient of record who had been receiving care at the office for several years. When he arrived to his appointment for the delivery of two lower right crowns, he requested that the dentist hand him the crowns rather than have them cemented as planned. The patient’s stated reason was that he was going to have another dentist, a family friend, deliver them.

The Risk Management analyst advised the dentist to assert the office policy regarding releasing restorations to patients. When a treating dentist preps a tooth and works with a lab for fabrication of a crown, another dentist who has not been involved in the treatment is unlikely to be comfortable taking over that case. The patient could end up in a provisional for an extended period and increase the likelihood of an adverse outcome, requiring additional treatment and cost.

In another situation brought to Risk Management’s attention, a patient called the dental office and requested to pick up her crown — on a tooth that had been prepped almost nine months earlier. The patient had been concerned that the tooth had remained symptomatic following root canal therapy. She lost trust in the

treating dentist and put off returning for the crown delivery. The patient made the office aware she had already secured another dentist who would cement the crown. The office prudently warned her that the crown would be unlikely to fit correctly due to the amount of time that had passed.

The analyst advised the office not to release the crown to the patient. Oftentimes, patients feel that the crowns belong to them as they paid for them; however, it is in everyone’s best interest that treatment is completed in a timely manner as planned. So, what should a practice do when faced with these requests?

- **Establish an office policy outlining that incomplete restorations cannot be released to a patient.**
The bottom line is that no uncomfortable interaction is worth the risk of handing a restoration to a patient. If the patient remains adamant, consider offering a refund instead of releasing the restoration.
- **Make the patient aware of the consequences of not completing treatment as recommended.**
Continuity of care by the treating dentist avoids complication, miscommunication and potential harm to the patient’s oral health.
- **Document patient’s noncompliance in his or her chart.**
TDIC’s online Risk Management resource library includes failed appointment and noncompliance forms that can be used with patients who don’t follow the treating dentist’s recommendations.

No matter how accommodating your practice would like to be, releasing any restoration directly to the patient creates risk. Instead, try to determine why the patient is leaving the practice and address the underlying issue. In the event that the patient remains unwavering in his or her desire to complete treatment elsewhere, consider offering a full or partial refund but still refrain from releasing the restoration. Then, send a dismissal letter to the patient acknowledging his or her decision to terminate care midtreatment. Contact TDIC’s Risk Management Advice Line at 800.733.0633 for guidance on refund and dismissal protocol unique to your practice’s situation.

Questions? Call TDIC’s Risk Management Advice Line at 800.733.0633.

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