COMPOSITE OR PORCELAIN VENEER CONSENT FORM

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*A PORCELAIN VENEER PROCEDURE REQUIRES TWO APPOINTMENTS*

The first appointment will require 30-45 minutes of your time per veneer. Anaesthesia (only if necessary), Tooth Reduction/Preparation, Tooth Isolation, Impression(s) Taken, Shade Selection for Veneers, Fabrication of Temporary Veneers (if needed).

The second appointment will require 30-45 minutes of your time per veneer, approximately two (2) weeks after the first appointment. It consists of: Anaesthesia (only if necessary), Removal of Temporary Veneers (if placed), Try-in of veneers, Preparation of veneers, Preparation of Teeth, Bonding of Veneers, Bite Adjustment, Final Contouring and Polishing.

*A RESIN VENEER PROCEDURE REQUIRES ONE (1) APPOINTMENT*

*BENEFITS OF THE TREATMENT*

The appearance of a previously unattractive tooth is corrected. Restorations replace diseased, missing, or defective tooth structure, and support or strengthen that which is remaining. They can improve chewing, allow proper speech, assist in the maintenance of healthy supporting tissue, and enhance appearance.

*RISKS OF THE TREATMENT*

Veneer preparation involves cutting away diseased and/ or healthy tooth structure. In rare cases, removal of tooth structure may irritate the pulp of individual teeth. The appropriate treatment at this point is a root canal treatment. Although infrequent, this treatment may be required before, during or after the veneer procedure to alleviate discomfort or infection.

When impressions of a patient’s mouth are being taken for dental lab specifications, the gum tissues which cover the edges of the tooth may have to be pushed back or trimmed away. Receding gums, a common aging process, may on occasion be accelerated by these steps. If gum recession occurs, the veneer margins may become visible, or the roots may be exposed.

Sometimes it is necessary to adjust the shape of teeth other than those being restored. Joints, muscles, and ligaments of the jaws on occasion react adversely to even minor changes to the biting surfaces of the teeth. Minor reshaping may be required to ensure that any discomfort or pain is avoided. A veneer may become loose or require replacement if decay has developed at the margins, or if heavy biting forces (grinding, clenching, biting habits) break down the bonding materials. Patients must be diligent with home oral hygiene in addition to being careful with biting and chewing.

Gums or tissues involved in the anaesthetic injection maybe sore for several days following treatment. Swelling of the tissues around the injection site is possible and can be treated by applying pressure and cold (ie. ice packs) the day of treatment to the area of swelling for a minimum of 1-2 minutes. In addition, if freezing involves the lower jaws, there may be difficulty opening the jaw for the first few days.

The soreness and stiffness will dissipate with time but warm salt water rinses or moist heat on the side of treatment will facilitate healing. Transient facial paralysis is a rare possibility upon anaesthetic injection, but it will almost always resolve itself without any future consequences.

*ALTERNATIVES TO THE TREATMENT*

Veneers are an option if less intrusive treatments eg. Bleaching are not sufficient to adequately correct the problem. Crowning (capping) the tooth is also an alternative to treatment however, there are no alternatives that are less intrusive than veneers that yield the same quality results.

*CONFIRMATION*

I hereby authorize [insert dentist name] to perform the aforementioned procedure(s) necessary to my dental treatment, and any additional treatment procedures as are considered immediately necessary on the basis of findings during the above mentioned treatment.

I have had the purpose, benefits, reasonable risks and alternatives, if any, to the procedure(s) explained to me. I have carefully read and understood all available explanatory material. I have been given the opportunity to ask questions. I consent to the administration of such local anaesthesia and/or medication as is required for the aforementioned dental treatment.

I consent to the taking of photographs throughout the entire treatment procedure. Should these photographs be deemed by [insert dentist name] to benefit dental research, science, or education, I consent to their publication and republication, either separately or together, in professional journals or dental books or used for any other purpose which [insert dentist name] may deem proper in the interest of dental education, knowledge or research. The dental fees of the procedure have been outlined clearly and I agree to comply with the practice’s payment policy.

Signed ..................................

Date .....................................