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INFORMED CONSENT DISCUSSION FOR VENEERS:

Patient Name: _____ Date of Birth: _____

DIAGNOSIS: _____

Facts for Consideration

(Patient's Initials Required)

- _____ Dental veneers (sometimes called porcelain veneers or dental porcelain laminates) are custom-made, thin shell of tooth material. These shells are bonded to the front of the teeth, changing their color, shape, size, or length.
- _____ Anterior (front tooth) veneer treatment involves removing less tooth structure than a full crown preparation. However, the process is irreversible because part of the tooth's enamel must be removed to provide adequate space to cement the shell.
- _____ The restoration for veneers requires two phases:
 - 1) The preparation of the tooth, taking an impression to send to the laboratory, and
 - 2) The adjustment and cementation of the veneers when esthetics and function have been verified.

Benefits of Veneers, Not Limited to the Following:

- _____ A veneer is typically used for teeth that are discolored, either because of root canal treatment, stains from tetracycline or other drugs, excessive fluoride, or the presence of large resin fillings that have discolored the tooth. Veneers can protect teeth that are worn down, chipped, or broken.
- _____ A veneer can be used for esthetic purposes in repairing teeth that are misaligned, uneven, or irregularly shaped, and to close gaps between teeth.

Risks of Veneers, Not Limited to the Following:

- _____ **I understand** that preparing a tooth for veneer will consist of removing the enamel from the surface of the tooth involved. This preparation may irritate the nerve tissue (called the pulp) in the center of the tooth, leaving my tooth sensitive to heat, cold, or pressure. Sensitive teeth may require additional treatment including endodontic (root canal) treatment.
- _____ **I understand** that holding my mouth open during treatment may temporarily leave my **jaw feeling stiff and sore** and may make it difficult for me to open wide for several days. However, this can occasionally be an indication of a further problem. **I must notify your office** if this or other concerns arise.
- _____ **I understand** that veneers are usually not repairable should they chip or crack. The need for a full covered crown may be warranted.
- _____ **I understand** that veneers may not exactly match the color of my other teeth. Also, the veneer's color cannot be altered once in place.
- _____ **I understand** that while it is not likely, veneers can dislodge and fall off. To minimize the chance of this occurring, I should not bite my nails, chew on pencils, ice, or other hard objects, or otherwise put pressure on my teeth. Also, grinding or clenching my teeth may cause the veneers to become dislodged.

- _____ **I understand** that the veneers will fit up near the gum line, which is in an area prone to gum irritation, infection, and/or decay. Proper brushing and flossing, healthy diet, and regular professional cleaning are some preventive measures that are essential to helping control these problems.
- _____ **I understand** that there is a risk of aspirating (inhaling), swallowing the veneers during treatment.
- _____ **I understand** that I may receive a **topical or local anesthetic and/or other medication**. In rare instances patients may have a reaction to the anesthetic, which may require emergency medical attention, or find that it reduces their ability to control swallowing. This increases the normal chance of swallowing foreign objects during treatment. Depending on the anesthesia and medications administered, I may need a **designated driver to take me home**. Rarely, temporary or permanent nerve injury can result from an injection.
- _____ **I understand** that all **medications** have the potential for accompanying risks, side effects, and drug interactions. Therefore, it is critical that I tell my dentist of all medications I am currently taking which are:

- _____ **I understand** that although it is impossible to guarantee perfect results, every reasonable effort will be made to ensure the success of my treatment.

Consequences if No Treatment Is Administered, Not Limited to the Following:

- _____ **I understand** that if **no treatment** is performed, I may continue to experience symptoms which may increase in severity, and the cosmetic appearance of my teeth may continue to deteriorate.

Alternative to Veneers, Not Limited to the Following:

- _____ **I understand** that depending on the reason I am choosing to have a veneer placed, alternatives may exist, including orthodontics for tooth alignment. I have asked my dentist about the alternatives and associated expenses. My questions have been answered to my satisfaction regarding the procedures and their risks, benefits, and costs. Alternatives discussed: _____

No guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the condition(s) listed above.

I consent to the veneer preparations and placement as described above by Dr. _____

I refuse to give my consent for the proposed treatment as described above.

I have been informed of and accept the consequences if no treatment is administered.

Patient / Representative Name and Signature

Date

Witness Signature

Date

FOR DENTIST USE ONLY:

I attest that I have discussed the risks, benefits, consequences, and alternatives to Veneer preparations and placement with: _____ (patient name) who has had the opportunity to ask questions, and I believe my patient understand what has been explained.

Dentist Signature

Date