

Discussion and Informed Consent for Veneers

Patient Name: _____ Date: _____

Diagnosis: _____

Treatment & Tooth Number(s): _____

Facts for Consideration

Patient's initials required

- _____ Dental veneers (sometimes called porcelain veneers or dental porcelain laminates) are thin, custom-made shells of tooth-colored material. These shells are bonded (glued or cemented) to the front of the teeth, changing their color, shape, size or length. Veneers do not cover or surround the entire tooth.
- _____ Anterior (front tooth) veneer treatment involves removing tooth structure, but less than a full crown preparation. However, the process is irreversible because part of the tooth's enamel must be removed to provide adequate space for the shell and the cement.
- _____ Restoration of a tooth with a veneer may require two phases: 1) preparation of the tooth, making an impression or mold (which is used for fabrication of the final veneer), sending that mold to a dental lab, then construction and temporary cementation of a temporary (interim) veneer or in some cases the use of CAD-CAM (computer-aided scanning of the dental arch and teeth) and 2) removal of the temporary (interim) veneer (not required in CAD-CAM cases), adjustment and cementation of the permanent veneer after aesthetics and function have been verified and accepted.
- _____ Once a temporary (interim) veneer has been placed, it is essential to return to have the permanent veneer placed as the temporary veneer is not intended to function as the permanent veneer. If the temporary veneer breaks, comes loose or if the tooth is uncomfortable, this should be reported to the dentist immediately. Failing to replace the temporary (interim) veneer with the permanent veneer could lead to decay, gum disease, infections, problems with my bite and loss of the tooth/teeth. In the event CAD-CAM crowns are fabricated, a temporary veneer may not be utilized.

Benefits of Veneers, Not Limited to the Following:

- _____ A veneer is typically used for teeth that are discolored either because of prior root canal treatment, stains from tetracycline used or other medications, such as excessive fluoride, or the presence of large resin fillings. Veneers can protect teeth that are worn down, chipped or broken without having to treat the entire tooth.
- _____ A veneer can also be used for aesthetic purposes to repair teeth that are somewhat misaligned, uneven or irregularly shaped and to close some spaces between teeth that appear as gaps.

Risks of Veneers, Not Limited to the Following:

- _____ I understand that preparing a tooth for a veneer will consist of removing the enamel from the surface of the teeth involved. This preparation may irritate the nerve tissue (called the pulp) in the center of the tooth leaving my tooth feeling sensitive to heat, cold or pressure. Persistently 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, sometimes referred to as trismus. However, this can occasionally be an indication of a more significant condition or problem. In the event this occurs, I must notify this office if I experience persistent trismus or other similar concerns arise.
- _____ I understand that veneers are usually not repairable if they are chipped or cracked. The need for a full-coverage crown may be warranted if the veneer is subsequently changed.

- _____ I understand that veneers may not exactly match the color of my other teeth and 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 veneer to become dislodged. In that case I may be offered additional treatment such as a bite (night) guard.
- _____ I understand that the veneer will fit up near the gum line, which is in an area prone to gum irritation, infection and/or decay. Proper brushing and flossing, a healthy diet and regular professional cleanings are some preventative measures that are essential to helping control these problems.
- _____ I understand there is a risk of aspirating (inhaling) or swallowing the veneer during treatment.
- _____ I understand that I may receive a local anesthetic and/or other medication. In rare instances, patients may have a reaction to the anesthetic, which could require emergency medical attention or find that it reduces their ability to control swallowing, which can increase the 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 resulting in numbness of the lip, tongue, cheek, chin or gums 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 and supplements I am currently taking, which are: _____
- _____ I understand that 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 the conditions the veneers would address, which may increase in severity, and the cosmetic appearance of my teeth may deteriorate.

Alternatives 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 full-coverage restorations (crowns) or orthodontics for tooth alignment. I have asked my dentist about them and their respective [expenses] benefits, risks, advantages and disadvantages. My questions have been answered to my satisfaction regarding the procedures and their risks, benefits, alternatives 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.

Check the boxes below that apply to you:

Consent

I have been informed, both verbally and by the information provided on this form, of the risks and benefits of the proposed treatment.

I have been informed, both verbally and by the information provided on this form, of the material risks and benefits of alternative treatment and of electing not to treat my condition.

I certify that I have read and understand the above information, that the explanations referred to are understood by me, that my questions have been answered and that the blanks requiring insertions or completion have been filled in. I authorize and direct Dr. _____ to do whatever he/she deems necessary and advisable under the circumstances.

I consent to have the above mentioned treatment.

While the treatment may be covered by my medical and/or dental insurance, I accept any financial responsibility for this treatment and authorize treatment.

or

Refusal

I refuse to give my consent for the proposed treatment(s) described above and understand the potential consequences associated with this refusal.

Patient or Patient's Representative

Date

Witness Signature

Date

I attest that I have discussed the risks, benefits, consequences and alternatives of the above treatment with _____ (Patient or Patient's Representative) and they have had the opportunity to ask questions. I believe they understand what has been explained and consents or refuses treatment noted above.

Dentist Signature

Date