



Family • Cosmetic • Sedation • Invisalign

## DISCUSSION & INFORMED CONSENT FOR VENEER(S) Rev 07/2019

### FACTS FOR CONSIDERATION

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.

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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 most 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 topical and/or local anesthetic by injection and/or other medication(s). I understand that I may have loss of feeling in my teeth, lips, tongue and surrounding tissue (paresthesia) following injections. In rare instances, patients can have a strong and unpredictable reaction to the anesthetic, which may require emergency medical attention. The medication may affect my ability to control swallowing. This increases 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 to the oral cavity and face resulting in loss of feeling of the chin, lips, gums, tongue and partial loss of taste can result from an injection.*

I understand that all medications in this office 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. They can cause redness and swelling of the tissues, pain, itching, vomiting and/or anaphylactic shock. I attest that to my knowledge, I have given an accurate report of my physical and mental health history. I have also report any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health.

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**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.

**FOR ALL PATIENTS**

I understand that every reasonable effort will be made to ensure the success of my treatment. I further understand that each person and treatment situation is unique, and therefore, 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 understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination. The dentist will explain all changes.

I have been given the opportunity to ask questions about Veneer(s) and believe that I have sufficient information to give my consent as noted below.

**CONSENT**

I have been informed, both verbally and by the information provided on this form, of the risks and benefits and alternatives 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 and that the explanations referred to are understood by me, that my questions have been answered. I authorize and direct the dentist 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.

If I am signing for a minor child, I attest that I am the parent and/or a legal guardian or I have the permission of the child's parent and/or a legal guardian (a separate authorization form is required). If I am signing for an adult, I attest that I am a legal guardian and am authorized to make medical and financial decision on patient's behalf.

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