

## CONSENT FORM FOR VENEERS SERVICES (COSMETIC VENEER TREATMENT)

### Treatment plan, possible risks and complications

#### Treatment plan:

-----  
-----

I agree, that I have approved the suggested treatment plan, read, discussed with my dentist and understood the risks, complications, benefits, consequences and alternatives of dental veneers and have had the opportunity to ask questions and I agree to undergo the proposed treatment.

Patient Name SOPHIE ANDERSON Signature [Signature] Date \_\_\_\_\_

Dentist Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Type of risk:

- I understand that, preparing a tooth for a veneer may consist of removing the enamel from the surface of the teeth
- I understand that, preparing a tooth may irritate the nerve tissue (called the pulp) in the center of the tooth, leaving my teeth feeling sensitive to heat, cold or pressure.
- I understand that, preparing a tooth may cause sensitivity of teeth, which may require additional treatment including endodontic (root canal) treatment and/or crowning of the involved teeth.
- I understand that the veneers may crack, fracture or de bond /dislodge from the teeth.

Patient Name SOPHIE ANDERSON Signature [Signature] Date \_\_\_\_\_

#### Treatment Mock up

I agree, that I have approved the suggested mock up, read, discussed with my dentist

Patient Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Veneer final trial before bonding

I agree, that I have approved the final veneers trial (shape, size, colour) and discussed with my dentist

Patient Name SOPHIE ANDERSON Signature [Signature] Date \_\_\_\_\_