

CONSENT FORM FOR VENEERS SERVICES (COSMETIC VENEER TREATMENT)

Treatment plan, possible Risks and complications Treatment plan:				
I agree, that I have approved understood the risks, complice have had the opportunity to a	ations, benefits, consequent sk questions and I agree to u	ces and alternative Indergo the propo	es of dental	veneers and ent.
Patient Name				X
Dentist Name	Signature		Date	· ·
	Mostafa Abdalla General Dentist JA-00222048-001 g a tooth for a veneer may DENTAL CLINIC	consist of remov	ing the enar	nel from the
• I understand that, preparing the tooth, leaving my teeth fee			the pulp) in	the centre of
• I understand that, preparing treatment including endodont				
• I understand that the venee	rs may crack, fracture or de l	oond /dislodge fro	m the teeth	i.
	Bnun Signature O	/	_Date	hend Bry
Treatment Mock up I agree the dentist	nat I have approved the sug	gested mock up,	read, discus	sed with my
Patient Name	Signature	SP	Date	
Veneer final trial before bond		round the final w		(aleana alea
colour) and discussed with my		roved the fillal V	eneers trial	(snape, size,
B		Man De)	
Patient Name	Signature <	July 1	Date	