



## VENEER/CROWN CONSENT

I understand the advantages and the disadvantages associated with the veneer. The entire surgical procedure has been explained to me, as well as certain considerations relating to diet, hygiene and subsequent appointments which must be taken into account on both the short and long term. I also understand that failure of the treatment remains possible and that a porcelain/zirconia veneer does not constitute an end in and of itself. I have discussed all of the following with my dentist and he/she has answered all of my questions and I like the COLOUR, SHAPE, LENGTH and SHADE.

I am also aware that if I don't come for my follow-up appointment after cementation, I will not be entitled to receive my warranty for the treatment done.

I hereby provide my informed consent to the proposed treatment

Chahil.  
Patient's name (please print)

Chahil  
Signature of patient, legal guardian

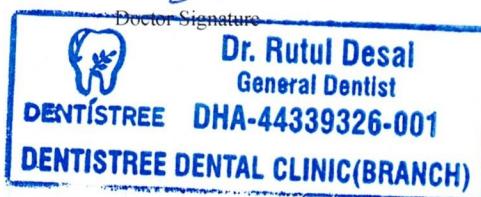
3/4/25  
Date

(Rasam Ali)  
Witness Signature

Rasam Ali  
Witness Signature

3/4/25  
Date

R. K. Desai  
Doctor Signature



3/4/25  
Date

Tooth Shells  
3 M2