



**DENTISTREE
DENTAL CLINIC**

CROWN / VENEER CONSENT FORM

Patient Name: ANUL MUNDRA ^{KISHORE} DOB: 15/02/1988

Contact Number: 97150480026 Email: _____

PROCEDURE

I understand I am undergoing treatment for one or more crowns/veneers, which may involve:

- Tooth preparation (removal of enamel)
- Impression taking or digital scanning
- Temporary restorations
- Final fitting and cementation

PURPOSE

Crowns/veneers help to:

- Restore damaged or decayed teeth
- Improve appearance (shape, color, alignment)
- Strengthen teeth with large fillings/fractures

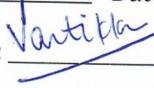
RISKS & LIMITATIONS

- The procedure is irreversible
- May cause sensitivity or require a root canal
- May dislodge or break and need replacement
- Shade may not perfectly match natural teeth
- Requires good oral hygiene & regular checkups

PATIENT CONSENT

- I discussed treatment & options with my dentist
- All questions answered
- I understand the risks and alternatives
- I consent to crowns/veneers as recommended

Patient Signature:  Date: 15/10/2025

Dentist Name & Signature:  Date: 15/10/25

Witness Signature:  Date: 15/10/25