



Novato Family Dental Care
BE TREATED LIKE FAMILY

**INFORMED CONSENT DISCUSSION
FOR VENEERS**

Patient Name: _____

Date: _____

Diagnosis: _____

FACTS FOR CONSIDERATION

- _____ Dental veneers (sometimes called porcelain veneers or dental porcelain laminates) are custom-made, thin, shells of tooth-colored material. These shells are bonded to the front of the teeth, changing their color, shape, size, or length.
- _____ Anterior (front tooth) veneer treatment involves removing less tooth structure than a full crown preparation. However, the process is irreversible because part of the tooth's enamel must be removed to provide adequate space to cement the shell.
- _____ The restoration for a veneer requires two phases: 1) the preparation of the tooth, taking an impression to send to the lab, and 2) the adjustment and cementation of the veneer when esthetics and function have been verified.

BENEFITS OF VENEERS *(not limited to the following)*

- _____ A veneer is typically used for teeth that are discolored, either because of root canal treatment, stains from tetracycline or other drugs, excessive fluoride, or the presence of large resin fillings that have discolored the tooth. Veneers can protect teeth that are worn down, chipped, or broken.
- _____ A veneer can be used for aesthetic purposes to repair teeth that are misaligned, uneven, or irregularly shaped, and to close the space between teeth that have gaps between them.

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. Sensitive teeth may require additional treatment including endodontic (root canal) treatment.
- 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. This can occasionally be an indication of a further problem. I must notify your office if this or other concerns arise.
- I understand that veneers are usually not repairable should they chip or crack. The need for a full-coverage crown may be warranted.
- I understand that veneers may not exactly match the color of my other teeth. Also, 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.
- 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.

**INFORMED CONSENT DISCUSSION
FOR VENEERS - CONTINUED**

_____ I understand there is a risk of aspirating (inhaling) or swallowing the veneer during treatment.

_____ I understand that I may receive a local anesthetic and/or other medication. In rare instances, patients may have a reaction to the anesthetic, which could require emergency medical attention, or find that it reduces their ability to control swallowing. This increases the normal 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 can result from an injection.

_____ I understand that ALL medications have the potential for accompanying risks, side effects, and drug interactions. Therefore, it is critical that I tell my dentist of all medications I am currently taking, which are: _____

_____ I understand that every reasonable effort will be made to ensure the success of my treatment.

CONSEQUENCES IF NO TREATMENT IS ADMINISTERED *(not limited to the following)*

_____ I understand that if no treatment is performed, I may continue to experience symptoms which may increase in severity, and the cosmetic appearance of my teeth may continue to 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 orthodontics for tooth alignment. I have asked my dentist about them and their respective expenses. My questions have been answered to my satisfaction regarding the procedures and their risks, benefits, and costs.
Alternatives discussed: _____

CONSENT

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 have been given the opportunity to ask questions and give my consent for the proposed treatment as described above.
- I refuse to give my consent for the proposed treatment(s) as described above and understand the potential consequences associated with this refusal.

Patient's Signature: _____

Date: _____

I attest that I have discussed the risks, benefits, consequences, and alternatives of veneers with _____
(patient's name) who has had the opportunity to ask questions, and I believe my patient understands what has been explained.

Dentist's Signature _____

Date _____

Witness' Signature _____

Date _____