

# DENTISTRY OF PALO ALTO

ELLIOT SINGER DMD | MARC TULLY DMD

## INFORMED CONSENT AND AGREEMENT - VENEERS

We are recommending veneers. Dental veneers (sometimes called porcelain veneers or dental porcelain laminates) are custom-made, thin, shells of tooth-colored material bonded to teeth. Veneer treatment involves removing less tooth structure than a full crown preparation; the process is irreversible because part of the tooth's enamel must be removed to provide adequate space.

They can be used for aesthetic purposes to repair teeth that are discolored (either because of root canal treatment, stains from tetracycline or other drugs, fluorosis, or the presence of large resin fillings), misaligned, worn down, chipped or broken, irregularly shaped, and to close gaps between teeth.

### Procedure

Restoration of a tooth with a veneer requires two phases:

Phase I: Preparation of the tooth, impression sent to the lab, construction and temporary cementation of a temporary veneer.

Phase II: Removal of the temporary veneer, adjustment and cementation of the permanent veneer after esthetics and function have been verified and accepted.

It is essential to return to have the permanent veneer placed as the temporary veneer is not intended to function as well as the permanent one.

- I understand that preparing the tooth for a veneer may further irritate the dental pulp (nerve), leaving my tooth feeling sensitive to heat, cold, or pressure. Such sensitive teeth may require additional treatment including endodontic 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. This can occasionally be an indication of a further problem. I must notify the office if this or other concerns arise.
- I understand that veneers are usually not repairable should they chip or crack. The need for a new veneer or a full-coverage crown may be warranted.
- I understand that veneers may not exactly match the color of my other teeth and that the veneer color cannot be altered once in place.
- I understand that grinding or clenching, biting my nails or chewing on other hard objects, and otherwise putting pressure on my teeth will increase the chances of fracturing or dislodging the veneers.
- I understand that the veneer will fit up near the gum line, which is 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.
- I understand that 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.
- I understand that every reasonable effort will be made to ensure the success of my treatment.
- I understand that if no treatment is performed, the cosmetic appearance of my teeth may continue to deteriorate.

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- 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 my questions have been answered to my satisfaction regarding the procedures and their risks, benefits, and costs.

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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis/Condition: \_\_\_\_\_

*No guarantee or assurance has been given to me by anyone that the proposed treatment will cure or improve all of my dental conditions. I have read and I understand the information set forth in this consent agreement. I have had my questions answered to my satisfaction.*

- I give my consent for the proposed treatment as described above.
- I refuse to give my consent for the proposed treatment as described above and I understand the potential consequences associated with this refusal.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Dentist's Name

\_\_\_\_\_  
Dentist's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Name

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date