

PATIENT: _____

DATE: _____

PORCELAIN/RESIN VENEERS INFORMED CONSENT

You have been informed that you require, or would benefit from, veneers on the following teeth:

UPPER RIGHT 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 UPPER LEFT
LOWER RIGHT 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 LOWER LEFT

PURPOSE OF THE TREATMENT:

This procedure is elective and will benefit your smile because your teeth are:

- Heavily Restored
- Chipped
- Stained
- Poorly Spaced or Misaligned
- Worn Down
- Discoloured

A PORCELAIN VENEER PROCEDURE REQUIRES TWO (2) APPOINTMENTS:

The **first** appointment will require 30-45 minutes of your time per veneer.

It consists of :

Anesthesia (freezing)- only if necessary

Tooth Reduction/Preparation

Tooth Isolation

Impression(s) Taken

Shade Selection for Veneers in conjunction with digital photographs

Fabrication of Temporary Veneers (if needed)

The **second** appointment will require 30-45 minutes of your time per veneer, approximately two (2) weeks after the first appointment. It consists of:

Anaesthesia (freezing)- only if necessary

Removal of Temporary Veneers (if placed)

Try-in of veneers

Preparation of veneers

Preparation of Teeth

Bonding of Veneers

Bite Adjustment

Final Contouring and Polishing

BENEFITS OF THE TREATMENT:

Veneers are well known for giving patients a beautiful smile. A healthy and beautiful smile is associated with overall well being, self-esteem and confidence. Healthy teeth and gums are linked with better overall health, and the association between an attractive smile and a better sense of overall well being is very high.

RISKS OF THE TREATMENT:

Veneer preparation involves conservatively cutting away diseased and/or healthy tooth structure. In rare cases, removal of tooth structure may irritate the nerve of individual teeth. The appropriate treatment at this point is a root canal treatment. Although infrequent, this treatment may be required before, during or after the veneer procedure to alleviate discomfort or infection.

When impressions of a patient's mouth are being taken for dental lab specifications, the gum tissues which cover the edges of the tooth may have to be pushed back or trimmed away. Receding gums, a common aging process, may on occasion be accelerated by these steps. If gum recession occurs, the veneer margins may become visible, or the roots may be exposed. These areas may require the application of desensitizing agents.

Sometimes it is necessary to adjust the shape of teeth other than those being restored. Joints, muscles, and ligaments of the jaws on occasion react adversely to even minor changes to the biting surfaces of the teeth. Minor reshaping may be required to ensure that any discomfort or pain is avoided.

A veneer may become loose or require replacement if decay has developed at the margins, or if heavy biting forces (grinding, clenching, biting habits) break down the bonding materials. Patients must be diligent with home oral hygiene in addition to being careful with biting and chewing. A nightguard is recommended to protect against grinding while sleeping, as grinding is a frequent reason for veneer breakage.

We recommend bite balancing prior to making your veneers. Bite balancing helps ensure that all teeth are contacting evenly. Proper forces in the mouth help protect against breaking and replacing veneers.

Gums or tissues involved in the anaesthetic injection may be sore for several days following treatment. Swelling of the tissues around the injection site is possible and can be treated by applying pressure and cold (ie. ice packs) the day of treatment to the area of swelling for a minimum of 1-2 minutes. In addition, if freezing involves the lower jaws, there may be difficulty opening the jaw for the first few days. The soreness and stiffness will dissipate with time but warm salt water rinses or moist heat on the side of treatment will facilitate healing.

ALTERNATIVES TO THE TREATMENT:

Whitening: whitening your teeth may produce the results you want. If they are insufficient though, veneers may be recommended.

Orthodontics: Braces can correct your teeth, but will take a minimum of 6 months and will not correct any discolorations or poorly shaped teeth you may have.

Crowning (capping) the tooth is also an alternative to treatment however it requires more reduction of tooth structure. In some circumstances, a crown preparation may be warranted at the time of veneer preparation if tooth requires additional support. There will be no extra professional fee for this, and will be decided on a case by case basis during the preparation phase.

I hereby authorize Dr. _____ to perform the aforementioned procedure(s) necessary to my dental treatment, and any additional treatment procedures as are considered immediately necessary on the basis of findings during the above mentioned treatment.

I have had the purpose, benefits, reasonable risks and alternatives, if any, to the procedure(s) explained to me. I have carefully read and understood all available explanatory material. I have been given the opportunity to ask questions.

I consent to the administration of such local anaesthesia and/or medication as is required for the aforementioned dental treatment.

I consent to the taking of photographs throughout the entire treatment procedure. Should these photographs be deemed by Dr. _____ to benefit dental research, science, or education, I consent to their publication and republication, either separately or together, in professional journals or dental books or used for any other purpose which Dr. _____ may deem proper in the interest of dental education, knowledge or research. Any such publication will be close up photographs of the mouth only, and your name will be held in strict confidentiality in accordance with the Privacy Act.

Date: _____

Name: _____

Signature: _____