

**Roseville Smiles Family Dentistry**  
**DISCUSSION AND INFORMED CONSENT FOR VENEERS**

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

Diagnosis: \_\_\_\_\_

Treatment: \_\_\_\_\_

**Facts for Consideration**

*Patient's initials required*

\_\_\_\_\_ 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. Veneers do not cover or surround the entire tooth.

\_\_\_\_\_ Anterior (front tooth) veneer treatment involves removing tooth structure but less than a full crown preparation. However, the process is irreversible because part of the tooth's enamel must be removed to provide adequate space for the shell and the cement.

\_\_\_\_\_ The restoration for a veneer requires two phases: 1) the preparation of the tooth, followed by 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 prior root canal treatment, stains from tetracycline used or other drugs, such as excessive fluoride, or the presence of large resin fillings. Veneers can protect teeth that are worn down, chipped, or broken, without having to treat the entire tooth.

\_\_\_\_\_ A veneer can also be used for aesthetic purposes to repair teeth that are somewhat misaligned, uneven, or irregularly shaped, and to close some spaces between teeth that appear as gaps.

**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. Persistently 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, sometimes referred to as trismus. However, this can occasionally be an indication of a most significant condition or problem. In the event this occurs, I must notify this office if I experience persistent trismus or other similar concerns arise.

\_\_\_\_\_ I understand that veneers are usually not repairable if they are chipped or cracked. The need for a full-coverage crown may be warranted if the veneer is subsequently changed.

\_\_\_\_\_ 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. In that case I may be offered additional treatment such as a bite (night) guard.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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 which can increase the 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 resulting in numbness of the lip, tongue, cheek, chin, gums, 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 and supplements 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, Are 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, Are Not Limited to the Following:**

\_\_\_\_\_ I understand that depending on the reason I am choosing to have a veneer placed, alternatives may exist, including full coverage restorations (crowns), or orthodontics for tooth alignment. I have asked my dentist about them and their respective [expenses] benefits, risks, advantages and disadvantages. My questions have been answered to my satisfaction regarding the procedures and their risks, benefits, alternatives and costs.

**Alternatives discussed:** \_\_\_\_\_

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.

**Check only one of the boxes below that applies to you:**

- I have been given the opportunity to ask questions and give my consent for the proposed treatment as described above.

**or**

- 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 or Patient's Representative's Signature

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

*Roseville Smiles Family Dentistry*