



Discussion and Informed Consent for Veneers

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 esthetic 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 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 hot, 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 or 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 more 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 tooth/teeth where a veneer is present. 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 an area prone to gum irritation, infection, and/or decay. Proper brushing and flossing, 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 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 and any medical conditions I may have. I attest that my medical history is up to date and accurate so that my dentist may ensure my safety during the procedure.

Use of Local Anesthesia

_____ Anesthetizing agents (medications) are injected into a small area with the intent of numbing the area to receive dental treatment. They also can be injected near a nerve to act as a nerve block causing numbness to a larger area of the mouth beyond just the site of injection.

_____ Risks include but are not limited to: It is normal for the numbness to take time to wear off after treatment, usually four to six hours. This can vary depending on the type of medication used. However, in some cases, it can take longer, and in some rare cases, the numbness can be permanent if the nerve is injured. Infection, swelling, allergic reactions, discoloration, headache, tenderness at the needle site, dizziness, nausea, vomiting, and cheek, tongue, or lip biting can occur.

_____ Potential benefits: The patient remains awake and can respond to directions and questions. Pain is lessened or eliminated during the dental treatment.

_____ For ALL female patients: Because anesthetics, medications and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion, every female must inform the provider if she could be or is pregnant. Anesthetics, medications and drugs may affect the behavior of a nursing baby. In either of these situations, the anesthesia and treatment may be postponed.

_____ 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 possible respective expenses, benefits, risks, advantages and disadvantages. My questions have been answered to my satisfaction regarding the procedures and their risks, benefits, alternatives, and cost.

No guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the conditions listed above.

Initial only one of the spaces below that applies to you:

_____ I have had my questions about Veneer treatment answered to my satisfaction. I consent to have Dr. Mark Poitras perform the treatment as discussed. I authorize and direct this dentist, with his associates, to do whatever they deem necessary and advisable under the circumstances.

Or

_____ I refuse to give my consent for the proposed treatments(s) as described above and understand the potential for consequences associated with this refusal.

Patients Signature (or Patient's Representative) Date

Patients Signature (or Patient's Representative) Date

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