INFORMATIONAL INFORMED CONSENT

CONSENT FOR FINAL CEMENTATION

1. The nature and type of material used in my cosmetic veneers, for example, all porcelain, etc. has been explained to me and it is my understanding that the material to be used is:

__________________________________________________________

By signing below I acknowledge and authorize the above listed material to be used in my mouth.

2. I have been given the opportunity to view my veneers as processed, either on models or in place in my mouth prior to final cementation. I approve the color, shape, feel and overall appearance of my veneers. I understand that once the veneers are placed in my mouth, the factors of color, shape, feel and overall appearance cannot be changed without additional and possibly significant time being taken and fees assessed. I further understand that removing cemented veneers may create the risk of injury or breakage to the underlying teeth and will destroy the veneer, requiring a remake.

By signing this Consent for Final Cementation I give Dr. _______________________________ my consent for final cementation and acknowledge my approval of the appearance and authorize use of the material cited above.

__________________________________________________________
Patient's Name (Please Print)  Signature or patient, legal guardian or authorized representative  Date