

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 deemed necessary because the 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
- 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

A RESIN VENEER PROCEDURE REQUIRES ONE (1) APPOINTMENT

BENEFITS OF THE TREATMENT:

The appearance of a previously unattractive tooth is corrected. Restorations replace diseased, missing, or defective tooth structure, and support or strengthen that which is remaining. They can improve chewing, allow proper speech, assist in the maintenance of healthy supporting tissue, and enhance appearance.

RISKS OF THE TREATMENT:

Veneer preparation involves cutting away diseased and/or healthy tooth structure. In rare cases, removal of tooth structure may irritate the pulp 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.

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. Transient facial paralysis is a rare possibility upon anaesthetic injection, but it will almost always resolve itself without any future consequences.

ALTERNATIVES TO THE TREATMENT:

Veneers are an option if less intrusive treatments eg. bleaching are not sufficient to adequately correct the problem. Crowning (capping) the tooth is also an alternative to treatment however, there are no alternatives that are less intrusive than veneers that yield the same quality results.

I hereby authorize Dr. Bruno Paliani 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.

Soreness of the gums or tissues involved in the anaesthetic injection may be sore for several days following treatment. In addition, if freezing involves the lower jaws, there may be difficulty opening the jaw. The soreness and stiffness will dissipate with time.

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. Bruno Paliani 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. Bruno Paliani may deem proper in the interest of dental education, knowledge or research.

The dental fees of the procedure have been outlined clearly and I agree to comply with the office's payment policy.

PROFESSIONAL FEE	_____
LAB FEE (approx.)	_____
TOTAL FEE (approx.)	_____

Dated at London, Ontario, this _____ day of _____

SIGNED: _____
PATIENT

WITNESS: SIGNED: _____
Parent, Guardian or Nearest Kin if patient is under the age of 18