



Informed Consent Form for Dental Veneer Placement

Patient Name: _____

Date: _____

Procedure Description:

This consent form is to confirm that I, _____ [Patient's Name], understand that I am undergoing a procedure for the placement of dental veneers. This procedure involves the preparation of the tooth surface and the application of a thin, custom-made shell, typically made of porcelain or composite material, to the front of the teeth to improve their appearance.

Potential Benefits:

1. Improvement in the appearance of teeth (color, shape, size, and alignment).
2. Enhanced cosmetic look with a natural tooth appearance.
3. Minimal removal of tooth structure compared to crowns.
4. Long-lasting solution for aesthetic concerns.

Risks and Complications:

I acknowledge and understand that the procedure, like all dental procedures, involves risks and potential complications including, but not limited to:

1. **Tooth Sensitivity:** Temporary or, in rare cases, long-term sensitivity to hot, cold, or pressure.
2. **Veneer Damage or Loss:** Veneers can chip, break, or come off and may need to be replaced.
3. **Color Mismatch:** Veneers may not exactly match the color of other teeth.
4. **Tooth Damage:** The process of tooth preparation may damage the underlying tooth.
5. **Gum Tissue Response:** Potential for gum irritation or inflammation.

Alternatives to Dental Veneer Placement:

I understand that alternatives to dental veneer placement may include:

1. Dental bonding for minor cosmetic changes.
2. Dental crowns for more extensive restoration.
3. Orthodontic treatment for alignment issues.
4. Teeth whitening for color improvement.
5. No treatment, accepting the current appearance of the teeth.





Consent:

I confirm that the dentist has explained the dental veneer placement procedure, its risks, benefits, and alternatives to me, and has answered all my questions. I understand that no guarantees or assurances have been made to me concerning the results of this procedure. I consent to undergo the placement of dental veneers as explained to me.

I also understand the importance of maintaining good oral hygiene practices and regular dental check-ups following the procedure.

Patient Signature: _____

Date: _____

Dentist's Signature: _____

Date: _____

