



Cambridge Dental Hub



Love Your Smile
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Consent for Composite Veneers

Patient's Name

Date of Birth

Veneers are thin layers of porcelain or composite resin that are placed on the front surfaces of teeth in order to change the appearance of your smile. Teeth that are discolored, chipped, rotated, or spaced can be transformed with veneers.

Porcelain veneers are fabricated at a laboratory from an impression of the prepared teeth. Composite veneers are placed directly on the teeth in the surgery. Porcelain veneers tend to resist staining more readily than composite veneers.

The goal of composite veneers is the same as porcelain veneers but the materials, techniques, and timeline are a bit different. These usually take two appointments.

During the first appointment, the teeth are prepared and tooth colored filling material is placed on the front of the teeth and shaped to the desired form. The material is finished and polished to a life-like shine. A second polishing appointment is usually necessary.

Potential Risks and Complications:

1. In preparing the teeth for the reception of cosmetic veneers, either made of porcelain or composite resin, it is almost always necessary to reduce or roughen the surface of the tooth to which the veneer(s) may be bonded. This preparation will be done as conservatively as possible, **but once this is done, the patient is committed to veneers or crowns for the duration of life.** If the veneer covering breaks or comes off, the uncovered tooth may become susceptible to decay if the veneer is not replaced in a timely manner.

2. **Sensitivity of teeth:** Through the process of modifying teeth to accept veneers, there is the possibility of the development of tooth sensitivity which may last for days or months following tooth preparation. In most cases, this sensitivity will usually alleviate over time but in rare instances is permanent.

3. **Necessity for Root Canal Therapy or extraction:** When veneers are placed or replaced, the preparation of the teeth often necessitates the removal of tooth structure adequate to insure that the diseased or otherwise compromised tooth structure provides sound tooth structure for placement of the veneer. At times, this may lead to exposure or trauma to underlying pulp tissue. Should the pulp not heal, which often is exhibited by extreme sensitivity or possible abscess, root canal treatment or extraction may be required. **In the case where Root canal or extraction is required then extra charges will apply.**

4. Chipping, breaking or loosening of the veneer may occur any time following placement. Many factors may contribute to this happening such as: chewing of excessively hard materials; changes in occlusal (biting) forces; traumatic blows to the mouth; failure of the bond between the veneer and tooth; and other such conditions over which the dentist has no control.

5. Alteration in speech: Since the veneers may be wider and/or longer than the natural teeth they are covering, a difference in speech may be evident. Many times the patient will adapt to the change and speech returns to normal very shortly after placement. The veneers may need to be adjusted in order to alleviate problems with speech.

6. Sensitive or allergic reactions to anesthetics or materials used in the procedure.

7. Esthetics/Appearance: Every attempt possible will be made to match and coordinate both the form and shade of veneers, which will be placed to be cosmetically pleasing to the patient. However, there are some differences, which may exist between that which is natural and that which is artificial making it impossible to have the shade and/or form perfectly match your natural dentition. **Once veneers are bonded to place on the teeth, should the patient desire any changes later a fee will be assessed to cover any adjustments or remakes.**

8. Longevity: It is impossible to place any specific time criteria on the length of time that veneers should last. **Once the tooth structure is prepared for veneer placement, the patient is committed to veneers for life. Should the veneers become damaged, leaky, or stained, they will need to be replaced and charges will apply.**

8. Veneers are susceptible to staining just like natural teeth. Composite resin veneers tend to stain more readily than porcelain. The veneers may need to be replaced if excessive staining, marginal leakage, or chipping occurs. Every attempt to avoid stain inducing foods and drinks should be avoided.

10. An acrylic lab fabricated night guard may be indicated to help protect your veneers from damage due to night time clenching and grinding. I certify that I have read the above and fully understand this consent for treatment. I understand that a perfect result cannot be guaranteed. I am aware of the fee(s) associated with this treatment and am responsible for any and all payments not covered by my insurance.

11. **Maintenance:** The patient must be aware that there is a lifelong maintenance problem. This will involve regular attendance for examinations and Dental Hygiene Treatment. It will mean have a good standard of oral hygiene and also consuming a healthy diet, especially not consuming excessive sugar. Composite veneers can be polished and glazed on a periodic basis and charges will apply for this.

The general maintenance can normally be done as part of the Dental Hygienist Visits but if the staining is large (and eventually it will be), the dentist may need to polish or adjust the composite. The amount of staining normally depends on consumption of colorants in the diet and drink, as well as smoking and plaque control

We strongly suggest that the patient has a maintenance visit with the dentist at least once a year which will include a polish and deglazing of the composite Veneers. This maintenance visit is currently chargeable at £50 per visit.

Informed Consent Declaration

No Warranty or Guarantee: Patients must understand that no guarantee has been made that the procedure will improve the condition, and may even make my condition worse.

I certify that the dentist who examined me that the success of all treatment is determined in a big way by following post treatment instructions, especially those that relate to anaesthetics and prescription medications and that these are always given to patients after treatment, both verbally and in writing, and it is essential that patients read and keep them. Please make sure you have them and do not be afraid to ask for them!!!

I certify that the dentist who examined me has fully explained to me, verbally and with leaflets, the purpose of the procedure(s) and has also informed me of the expected benefits and complications (from known and unknown causes), attendant discomforts and risks that may arise, as well as possible alternatives to the proposed treatment, including no treatment.

I certify that the dentist who examined me has discussed my treatment plan verbally as well as giving me leaflets, consent forms and other printed literature related to the treatment that is proposed as well as the alternative options.

I certify that I have been given an opportunity to ask questions and all my questions have been answered fully and satisfactorily.

I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the procedure(s) which the dentist may consider necessary.

I also understand the financial obligation attached to this procedure and agree to comply as listed on the treatment plan.

I understand that I am responsible for all fees. I also understand that as treatment progresses the above fees may have to be adjusted, but that I will be informed of these adjustments and how this will affect my payment plan.

I realize that signing does not mean that I am under an obligation to have any treatment and that I may decide not to proceed with all or any part of the treatment. Similarly signing this means that I pay for the treatment that I actually have done. I hereby consent to the proposed dental treatment and acknowledge that it is being provided as a private patient.

Signature of patient or parent/guardian

Date

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