

**INFORMED CONSENT
COSMETIC TREATMENT
(INCLUDING BLEACHING, WHITENING AND/OR VENEERS or CROWNS)**

I UNDERSTAND that treatment of my dentition for which I desire cosmetic dental procedure to be performed may entail certain risks and possible unsuccessful results, with even the possibility of failure to achieve the results which may be desired or expected. I agree to assume those risks, possible unsuccessful results and/ or failure associated with, but not limited to the following : (even though care and diligence is exercised in this subject treatment, there are no guarantees of anticipated or desired results nor of the longevity of the treatment.

1. Reduction or roughening of tooth structure: In making preparation of teeth for the reception of cosmetic veneers, it may be necessary to slightly 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. If the veneer covering breaks or comes off, the uncovered tooth may become more decay susceptible.

2. Sensitivity of teeth: Even though, in the majority of the cases (whitening, bleaching or veneering teeth) there is an absence of any appreciable sensitivity, this may possibly occur. Should sensitivity occur and persist for any length of time, the doctor must be apprised of this condition.

3. Chipping, breaking or loosening of the veneer: This has the possibility of occurring. Many factors may contribute to this happening such as: mastication of excessively hard materials; changes in occlusal (biting) forces; traumatic blows to the mouth; breakdown of the bonding agents; and other such conditions over which the doctor has no control.

4. Sensitive or allergic reactions of soft tissues to whitening, bleaching, or bonding agents: Even though this is an unusual occurrence, the gums or soft tissue of the mouth which may be exposed to the various agents used in these procedures may exhibit an allergic response. Also, gum tissues may show signs of inflammation. Should this occur, the doctor should be immediately made aware of this.

5. 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.

6. Longevity: It is impossible to place any specific time criteria on the length of time that veneers should last or for the lightened appearance of whitened or bleached teeth to remain at the lightened shades. These time periods may vary from a very short time to a very long time depending upon many conditions existing from patient to patient, which may be either internal, external or both.

7. It is the patients responsibility to immediately inform the doctor and seek attention from him/her should any undue or unexpected problems occur or any dissatisfaction be present. Also, all instructions must be diligently followed, including scheduling and attending all appointments.

8. My signature binds me to the commitment of these crowns. I understand that I have given permission and consent to finalize this procedure and move on to the final delivery of this cosmetic treatment.

INFORMED CONSENT TO TREATMENT: I have been given the opportunity to ask any and all questions regarding the nature and purpose of cosmetic dental treatment and have received all answers to my satisfaction. I voluntarily assume any and all possible risks, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning the results. The fee(s) for this (these) services have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. David .S. Peterson and/or his/her associates to render any treatment deemed necessary, desirable and/or advisable to me.

Patient's name (please print)

Signature of patient, legal guardian Date
Or authorized representative

Witness to signature

Date