

# Porcelain Veneers

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ dd / mm / yyyy

Date: \_\_\_\_\_ dd / mm / yyyy Practitioner: \_\_\_\_\_

## WHAT ARE PORCELAIN VENEERS?

Porcelain veneers are thin shells of ceramic material that are bonded to the front surface of teeth to improve their appearance. They can be used to correct a wide range of dental issues, including discoloration, chips, cracks, gaps, and misalignment. The procedure typically involves removing a small amount of enamel from the tooth surface, taking an impression, and then bonding the custom-made veneer to the tooth.

## BENEFITS OF PORCELAIN VENEERS

Benefits of porcelain veneers include:

### Benefits

- Improved appearance of teeth
- Natural-looking results
- Stain-resistant
- Durable and long-lasting
- Minimal tooth reduction required
- Can correct multiple cosmetic issues at once

## RISKS AND COMPLICATIONS

As with any dental procedure, there are potential risks and complications associated with porcelain veneers. These include:

### Risks

- Tooth sensitivity
- Damage to existing teeth
- Veneer failure or breakage
- Color mismatch
- Gum irritation
- Need for replacement over time
- Irreversibility of the procedure

## MEDICAL HISTORY

Do you have any known allergies to dental materials?

Yes  No

If yes, please specify:

Do you have any current dental problems or conditions?

Yes  No

If yes, please specify:

Do you grind or clench your teeth?

Yes  No

Are you currently undergoing any dental treatment?

Yes  No

If yes, please specify:

Do you have any relevant medical conditions?

Yes  No

If yes, please specify:

## CONSENT

- I confirm that I have read and understood the information provided about porcelain veneers, including the benefits and risks.
- I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.
- I understand that the procedure is irreversible and that a small amount of enamel will be removed from my teeth.
- I understand that veneers may need to be replaced in the future.
- I consent to the placement of porcelain veneers on my teeth as discussed with my dental practitioner.
- I understand that results may vary and that no guarantees have been made regarding the outcome of the procedure.
- I agree to follow all aftercare instructions provided by my dental practitioner.

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Patient Signature:

Date: \_\_\_\_\_ dd / mm / yyyy

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Practitioner Signature:

Date: \_\_\_\_\_ dd / mm / yyyy