

# aesthetic

dental studio

## Smile makeover consent form

Thank you for choosing Aesthetic Dental Studio for your smile makeover! We strive to provide the best materials and techniques available in dentistry today to create the most beautiful smile for you!

Prior to your procedure, we must inform you of the following:

1. A smile makeover consisting of veneers/crowns/bridges/bonding will likely result in a certain amount of natural tooth structure which will be for the purpose of achieving a cosmetic goal but may negatively affect the condition of your teeth.
2. We will do our best to achieve the smile that your desire but as beauty is subjective, we may not be able to fully achieve what you envision.
3. Limitations in the size, color, position or bite of your teeth may limit our abilities to achieve perfect smile for you.
4. Occasionally sensitivity may occur after this amount of dental work is done. In most cases, it disappears over time. However, in rare circumstances, if symptoms persist or worsen, root canal treatment may become necessary which will be at an additional cost to you.
5. Very rarely, this scope of dental treatment may result in bite problems or TMJ (temporomandibular joint) dysfunction. We have tools to help us try to remedy these situations and will do our best to have your bite feeling comfortable.
6. If you have a history of grinding or clenching, we recommend that you have an oral appliance to help protect your teeth and dental work from further damage.
7. Gum health is of the utmost importance when trying to prolong the life of your dental work. We strongly encourage regular dental cleanings as well as good oral hygiene at home to keep your smile looking great.
8. Our warranty on our porcelain work is on a 5-year sliding scale. i.e. The warranty is reduced by 20% after each year that passes after insertion. A more detailed description of our warranty can be provided to you.
9. Local anesthetic will be used for this procedure that will also contain small amounts of epinephrine (adrenalin). You must inform us of any allergies, medical problems, or other medications that you are taking prior to us proceeding with this procedure.

I, \_\_\_\_\_ have read, understand and agree to all the above. The procedure has been clearly explained to me by Dr. Gordon Chee and /or another member of his team. I can't wait to get a great new smile!

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date