

EVERGREEN FAMILY DENTISTRY, P.C.

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**INFORMATION AND CONSENT FOR
COSMETIC TREATMENT
(TO INCLUDE: VENEERS AND/OR CROWNS)**

1. I, _____, authorize and request **Dr. Troy A. Fox of Evergreen Family Dentistry, P.C.** and staff to provide cosmetic dentistry/cosmetic reconstruction to address the conditions or symptoms based on the diagnostic studies and/or evaluations already performed and which have been explained to me:

(Explain nature of conditions, e.g. missing teeth, malpositioned teeth, irregular alignment, improper color, excessive wear, missing teeth or inability to wear previous dentures or patients' desire to use an implant).

2. I also authorize and direct **Dr. Troy A. Fox** and his staff to provide such additional services as he may deem reasonable and necessary, including but not limited to, the administration of anesthetic agents, the performance of necessary laboratory, radiological (x-ray), and other diagnostic procedures; and the administration of medications orally, by injection or by any other dentally accepted route of administration.

If an unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated I further authorized and direct **Dr. Troy A. Fox** and his staff to do whatever he deems necessary and advisable under the circumstances, including the decision not to proceed with the cosmetic treatment.

3. Reduction or roughening of tooth structure: In making preparation of teeth for the reception of cosmetic veneers and/or crowns, either made of porcelain or composite resin; it is necessary to reduce or roughen the surface of the tooth to which the veneer and/or crown 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 a veneer and/or crown covering breaks or comes off, the uncovered tooth may become susceptible to decay if the veneer and/or crown is not replaced in a timely manner.

Alternatives to cosmetic dentistry/cosmetic reconstruction have been explained to me, including their risks. I have considered these alternatives to treatment and their risks but I request the cosmetic dentistry/cosmetic reconstruction knowing the treatment is in part elective and cosmetic and not always due to any breakdown of my teeth. I consent to the tooth reduction or loss of tooth structure necessary to accomplish the cosmetic requirements I would like to have.

4. Longevity: It is impossible to place any specific time criteria on the length of time that veneers and/or crowns 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 longtime depending upon many conditions existing from patient to patient, which may be either internal, external or both.

I am aware that the practice of dentistry and cosmetic dentistry/cosmetic reconstruction is not an exact science and I acknowledge that no guarantees have been made to me concerning the success of my cosmetic dentistry/cosmetic reconstruction and the associated treatment and procedures. I am aware that there is a risk that the cosmetic dentistry/cosmetic reconstruction will require ongoing maintenance care, remaking of crowns, bridges and veneers and the longevity is directly related to what I eat and drink and my home-care habits.

5. The cosmetic dentistry/cosmetic reconstruction procedure has been explained to me and I understand the nature of these procedures and anesthetic to be used as follows: _____

6. As with any dental procedure, there are possible complications of which you must be aware. These include, but are not limited to: limited oral function; post operative pain; bleeding; infection or abscess which may require treatment or drainage; temporary bruising of the face, allergic reactions to metal and medications; a change in sensation or numbness to the lip, chin, face and/or tongue which may be of a temporary or permanent nature; periodontal infection or condition requiring additional treatment; injury to the teeth; temporomandibular joint (jaw) problems requiring additional treatment and poor healing which may result in an alteration or change in the planned treatment. I have also been advised that there is a risk that the crowns, veneers and bridges may break which could require additional procedures to correct.

7. I understand that some or all of the cosmetic dentistry/cosmetic reconstruction is elective and only done for my cosmetic interest and if there are dental conditions that are left untreated, the following may occur: limited oral function; gum or bone disease, loss of bone; inflammation; infection; sensitivity; looseness and/or loss of teeth; shifting of teeth with bite changes; temporomandibular joint (jaw) problems and an inability to have the same treatment, but due to the changes in the oral conditions or medical conditions, additional and more extensive treatment will have to be considered.

8. I have been advised that the use of tobacco, coffee, alcohol or sugar and some prescription drugs may limit the cosmetic success of the treatment and require additional treatment to correct the problems. The reasons may include but not only limited to staining, decreased tissue health, periodontal disease, recurrent decay and fracture of teeth and restorations. Because there is no way to accurately predict the capabilities of each patient, I agree to follow my doctor's home care instructions and to report to my dentist for regular examinations, professional dental cleaning and maintenance as instructed.

9. Esthetics/Appearance: Every attempt possible will be made to match and coordinate both the form and shade of the dentistry 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 any changes be desired later by the patient, a fee may be assessed to cover any extensive adjustments or remakes.

10. I understand I have had an opportunity to ask and have my questions answer. I understand my insurance may or may not cover dentistry for cosmetic reasons and I am responsible for all dental treatment regardless of my insurance plan.

11. To my knowledge I have given an accurate report of my physical, dental and mental health history. If I am currently in treatment for any health problems I certify that I have discussed the proposed treatment with my health care provider and have received his or her consent to undergo this cosmetic procedure.

12. I certify that I have read, have had explained to me, and fully understand the foregoing consent to cosmetic dentistry, drug and anesthetic procedures, and that it is my intention to have the foregoing carried out as stated. I have been advised of information concerning the longevity of the cosmetic procedures. However, I have discussed this as well as the nature of the services and procedures and I consent to the cosmetic dentistry/cosmetic reconstruction knowing its risks and limitations.

Patient's Name (please print)

Signature of patient, legal guardian
Or authorized representative

Date

Tooth No.(s)

Witness to signature

Date