

Seitlin & Seitlin DDS
Informed Consent for Final Cementation

Patient Name:

Date of Birth:

Today I am having the following restoration(s) cemented in my mouth:

The nature and type of material used in my crown(s), bridge(s) and/or veneer(s) has been explained to me. By signing below I acknowledge and authorize the material discussed to be used in my mouth. I have been given the opportunity to view my crown(s), bridge(s) and/or veneer(s) as processed, either on models or placed in my mouth prior to final cementation.

I approve the color, shape, feel and overall appearance of the porcelain. I understand that once the restoration is cemented in my mouth, the factors of color, shape, feel and overall appearance cannot be changed without additional and possibly significant time being taken and fees assessed. I further understand that removing cemented porcelain may create the risk of injury or breakage to the underlying teeth and will destroy the restoration, requiring it to be remade. I further understand that if I authorize cementation and later decide I do not like the restorations, any replacement(s) of the cemented restorations will be at full cost.

By signing, I acknowledge I have been informed about the Recommended Treatment, alternatives, and risks and I wish to proceed.

Signature:

Date:

Relationship (if patient a minor):

Witness (signature):