



*Dentistry Dedicated
to Excellence*

Cosmetic Dentistry Crown Consent

Below are several considerations related to the cosmetic dentistry that you are having done. Please read the following carefully.

1. I have seen the diagnostic wax up of the proposed new crowns and I elect to move forward with treatment by preparing the teeth and placing temporary crowns at the next appointment.
2. I have seen the temporary crowns in my mouth and I approve of the size, shape, shade, position, and angulation of the teeth.
3. The temporary crowns that I am now wearing will be duplicated and the final crowns will be created from a template of those temporaries.
4. I approve of the shade (color) of the crowns and realize that once they are cemented no other changes can be made.
5. The crowns are made of porcelain and I realize that since they are made of glass they may chip and crack. I have been advised that I need to wear a night guard to protect my investment in my mouth.

I have read the above information. I understand the directions and information and had the opportunity to ask questions. I consent to treatment and I assume the risks described above.

I consent to photographs being taken. I understand they may be used for documentation and for illustration of my treatment.

Patient _____ Date _____

Dentist _____