



Wildflower Dental

Consent for Final

Cementation

Patient Name: _____

Restoration Type: _____

The nature and type of material used in my crowns, bridges and/or veneers 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 crowns, bridges and/or veneers 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 final restoration. 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 restoration may create the risk of injury or breakage to the underlying teeth and will destroy the restoration, requiring a remake. 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 this Consent for Final Cementation I give WILDFLOWER DENTAL my consent for final cementation, acknowledge my approval of the appearance and authorize use of the discussed material.

Patient Signature _____ Date: _____