

Esthetic Acknowledgement Form

Patient Name: _____

Tooth/Teeth Number(s): _____

Removable appliance: UPPER/LOWER, Full/Partial

Once a porcelain (ceramic) or composite crown/bridge/veneer is placed or teeth set into dentures/partials, the color (shade) or shape cannot be changed without removing the entire restoration or remaking the denture/partial. Removal of the restoration can damage the remaining tooth structure or compromise the integrity of the removable denture/partial.

I, _____, certify I am happy with the color and shape of the final restoration(s) that have been fabricated. I understand it is impossible to perfectly match all the characteristics of a natural tooth, such as color, translucency or "feel/smoothness" with restorative materials. I understand once the restoration(s)/denture(s)/partial(s) is delivered/cemented, few changes and adjustments can be made.

I consent for Dr _____ to permanently cement/bond/deliver my final restoration(s)/denture(s)/partial(s). I understand the color and shape will be final and no further changes are requested or required. I also understand after delivery/cementation, if for any reason I change my mind regarding color/shape, I am responsible for re-fabrication of the restoration.

Patient Signature

Date