

Atlanta Dental Group PC
Cosmetic Dentistry with a passion for excellence! TM
www.atlantadentist.com

***Approval of Final Restorations
Information and Consent***

A great deal of time has been spent designing and crafting your final dental restorations. At several points in this process you have had the opportunity to approve or disapprove various steps in their construction. At each of these points, even after your approval, changes could still be made based upon your preferences. Today the final restorations are being tried in for your **final approval**. After your final approval, they will be bonded in place using a permanent bonding agent and can not be removed without destroying them.

Patient Agreement with Signature

I **completely understand** that these are my final restorations and that after my approval, they will be bonded to my teeth and can not be removed without being destroyed. I have had the opportunity to view the color and shape of the porcelain restorations under different lighting conditions, including natural sunlight. With the exception of the requested modifications noted below, if any, I approve the restorations to be bonded in place. I understand that certain bite adjustments will likely need to be made after bonding in the restorations, but that other changes (e.g. relating to the color and shape) after the bonding process would likely require cutting off the restorations, which may result in further reduction in tooth structure and an additional full fee under the Atlanta Dental Group PC then current fee structure.

Additional requested modifications, if any, are noted as follows:

I have had all my questions answered regarding my final restorations and my dental procedures. I understand this consent form and the staff have answered all of my questions related to this procedure. I fully understand that this is my last chance to express my concerns and desires and I fully accept the final restorations.

Patient (or Guardian) Signature:

Dental Staff Signature:

Date: