

**All Smiles Family Dental**  
**537 E Dundee Rd, Palatine, IL 60074**  
**Ph. 847-907-0585**

**Informed Consent for Final Cementation**

\_\_\_\_\_  
*Patient's Name (PLEASE PRINT)*

\_\_\_\_\_  
*Tooth #*

The nature and type of material used in my crowns, bridges and/or veneers has been explained to me. It is a porcelain fused to base metal crown. 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 porcelain. I understand that once the porcelain 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 porcelain, 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 All Smiles Family Dental my consent for final cementation, acknowledge my approval of the appearance and authorize use of the discussed material.

\_\_\_\_\_  
Patient's or Guardian's Signature

\_\_\_\_\_  
Date