

Veneers

A veneer is a thin layer of tooth coloured material which is placed over your natural tooth to mask the underlying enamel.



Before



After

Veneers are designed to enhance the appearance of your teeth by -

- Masking permanently stained teeth.
- Closing Diastemas – spaces between your teeth.
- Straightening misaligned teeth.
- Improving the appearance of damaged or broken teeth due to decay or trauma.

The procedure is usually completed in two visits which is a simple and relatively quick route to improve your smile, the first part of the procedure involves removing a small amount of enamel from the front of your tooth and the second appointment the veneers are fitted into place.



Before



After

Each veneer is individually handcrafted by our dental technician to correct the appearance of your teeth to create a healthy natural look.



Before



After

The first part of the procedure will be a consultation appointment, this is when you can discuss with us the concerns you have with your teeth and explain how you would like them improved.

We will have a 'Diagnostic wax up' made of your teeth to show how your teeth will look with veneers. This is a very simple procedure; we take impressions (mould) of your teeth and these will then be sent to the laboratory. Our technician will make a cast of your teeth using the supplied impressions (moulds). Dental wax is then applied to the cast, to show how the final veneers will look.

If you decide that veneers are for you, two appointments are then needed. The first appointment is when we prepare the teeth and then a second is to fit the veneers.



Before

After

The Preparation appointment

- We will give you a local anaesthetic to numb the tooth and the surrounding gum.
- A small amount of tooth is removed from the front surface of your tooth to make room for the veneers. An impression (mould) is taken of your teeth using special dental "putty". An impression is also taken of the opposing teeth, so the technician can see how you bite together.
- Temporary veneers may be fitted to protect the teeth whilst your veneers are being fabricated.
- The impression (mould) of your teeth is sent to the Dental Laboratory where each veneer will be handcrafted to create your new smile. This process can take between two and three weeks.

The Fit Appointment

- Your temporary veneers will be removed and your teeth will be washed to remove any remaining cement.
- The tooth surface is prepared for the dental adhesive. The veneers will be permanently cemented in place to create the beautiful smile you have been waiting for.

Looking after your veneers

Veneers can last a long time but a lot depends on how you take care of them. You must maintain good oral hygiene brushing and flossing twice a day, and also have 6 monthly examinations with us

Habits that damaged your natural teeth, like biting pens and pencils, opening bottle tops with your teeth and biting your nails will also damage your veneers.

Para functional or nocturnal habits such as Clenching and Grinding can cause the veneers to "De-Bond" or fracture. You will be assessed, and a dental splint or night guard will be provided, at additional cost, to protect your smile.

If front teeth have multiple fillings and not much tooth structure left, then a crown rather than a veneer may need to be done. This is an additional cost.

*All of my questions have been answered by the dentist and I fully understand the
above statements in this consent form.*

Date:

Signature of Patient or Legal Guardian:

Informed consent for treatment

I understand that treatment of my dentition for which I desire dental procedures to be performed may entail certain risks and possible unsuccessful results, with even the possibility of failure to achieve the results that may be desired or expected. Even though care and diligence is exercised in the treatment, there are neither guarantees of anticipated or desired results nor any assurance of the longevity of the treatment. I agree to assume those risks, possible unsuccessful results and/or failure associated with but not limited to the following:

1.Reduction or roughening of tooth structure. In preparing the teeth for the reception of an indirect restoration, it may be necessary to slightly reduce or roughen the surface of the tooth to which it may be bonded. This preparation will be done as conservatively as possible. If the prostheses breaks or comes off, the uncovered tooth may become more susceptible to decay.

2.Sensitivity of teeth. Even though in the majority of the cases there is usually no appreciable sensitivity, treatment may cause teeth to become sensitive. This sensitivity is usually transitional and settles within a period of a few days to one month. Should sensitivity persist for any length of time, please contact this office for an examination.

3.Chipping, breaking or loosening of the restoration. No matter how well the prostheses is placed, this could occur. Many factors may contribute to this happening, including chewing of excessively hard materials, changes in occlusal (biting) forces, traumatic blows to the mouth, breakdown of the bonding agents and other conditions such as clenching and grinding, as well as Sleep Apnoea (stress or sleep related) over which the doctor has no control. **A protective night Splint/Guard is essential to protect the work done.**

4.Sensitive or allergic reactions of soft tissues to whitening, bleaching or bonding agents. This is an unusual occurrence. The gums or soft tissues of the mouth, which may be exposed to the various agents used in these procedures, may exhibit an allergic response. Also, gum tissues may in some cases exhibit signs of inflammation. Should this occur, please contact this office to be examined.

5.Aesthetics/appearance. Every effort possible will be made to match and coordinate both the form and shade of the restorations and/or bonding agents to be cosmetically pleasing to the patient. However, there are some differences that may exist between the natural dentition and the artificial materials, making it impossible to have the exact shade and/or form to perfectly match your natural dentition. It is therefore recommended to whiten your teeth before any cosmetic work to ensure the work does not require replacement in the future if you were to then decide to whiten your teeth.

6. Periodontal (Gum) status. Periodontal disease can occur at any age, with or without crowns, fixed bridges or implants. Properly designed crowns and bridges aid in its prevention, as does good oral hygiene, regular cleaning and dental examinations, a healthy diet, and good general health. Prior to treatment, the health of the gums must be controlled to prevent unwanted bone and gums loss, as well as maintain a healthy working environment during treatment.

7. Root Canal Treatment. The need for a root canal filling may not become apparent until after the restorations have been placed or during treatment. A root canal filling replaces the dental pulp, the innermost part of the tooth. This treatment becomes necessary when the pulp is irreversibly injured or infected from the cumulative effects of cavities, fillings or cracks in the teeth. It normally can be performed without remaking the prosthesis. However, in some instances, the longevity of the prosthesis may be compromised and will be necessary.

8. Provisional/Temporary Restorations. Are used to protect the teeth and provide a satisfactory appearance while the new restorations are being fabricated. They are not as strong as the final porcelain/metal restorations, and are attached to the teeth with a relatively weak cement to facilitate their removal at subsequent appointments. Therefore, it is important to minimize the chewing pressure on provisional restorations since they can be easily fractured and dislodged. For implant crowns, a clear retainer is usually made that fits over the teeth, although temporary dentures can be made but are more expensive.

9. Dark areas at the gum line. Sometimes dark lines appear at the gum line of porcelain crowns and fixed bridges. The dark line is the metal edge of the restoration which is usually hidden under gum tissue, but if the gum tissue recedes, the metal will show. This can be prevented by using porcelain edges on the crowns and fixed bridges. In some situations for mechanical reasons, this design is not feasible. Recession of the gum tissue may expose an area of the root of the tooth that is not covered by the dental crown or fixed bridge. If the root is a darker colour than the crown, a dark area at the gum line will appear. Teeth with Root Canals have darker roots and crowns, and sometimes this cannot be completely masked, and darkness can be seen through the gum tissue as well as through the porcelain. Procedures like internal bleaching can help lessen this effect, but it may not be a long term solution. With Titanium Implants, the fixture can sometimes show through the gum as a darkened area, and this depends on the quality and density of the surrounding bone and gum.

10. Tooth Decay. Tooth decay may occur on areas of the tooth or root not covered by the restoration. Tooth Decay around the margins is usually a key component requiring the replacement of the crown. Good Oral Hygiene and the control of any habits such as clenching and grinding is necessary for restorations to last. Regular six-monthly maintenance visits are recommended.

11. Tooth Mobility. Tooth roots may become mobile if they are not strong enough to withstand the forces on natural and filled teeth or on crowns and fixed bridges. This occurs when gum tissue and bone around the roots have severely receded or the biting forces are excessive.

12. Food Impaction. As with natural teeth, food may become lodged between restorations. Dental crowns and fixed bridges are often connected (splinted together), creating the need for specialized hygiene techniques. Also, gum recession may make food impaction unavoidable, even with the most ideal contour of dental crowns and fixed bridges.

13. Tooth Cracks. When replacing old dentistry and when investigating cracks in teeth it becomes apparent that below surface cracks may require further treatment or sensitivity and toothache may occur. It is almost impossible to always diagnose these areas before your treatment commences. Treatment may require crowning, root canal or even removal of the tooth in severe cases of tooth cracking.

14. Temporomandibular Dysfunction. Restoration of teeth inevitably changes the occlusion (bite). On rare occasions, the change may precipitate TMD symptoms, even if it technically improves the occlusion.

15. Longevity. It is impossible to identify any specific criteria on the length of time that restorations should last or for the lightened appearance of whitened or bleached teeth to maintain the lightened shades. These time periods may vary depending on many conditions existing from patient to patient as well as each patient's individual habits or circumstances. It is the patient's responsibility to inform the doctor and seek attention from him/her should any undue or unexpected problems occur or if the patient is dissatisfied. Also, all instructions must be diligently followed, including scheduling and attending all appointments.

16. Other:

Informed consent

I have been given the opportunity to ask any and all questions regarding the nature and purpose of cosmetic dental treatment and have received all answers to my satisfaction. I voluntarily assume any and all possible risks, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning the results. The fee(s) for these services have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Firstbite Dental and their associates to render any treatment deemed necessary, desirable and/or advisable to me, including the administration and/or prescribing of any anaesthetics and/or medications.

Patients Name

Patients Signature

Date