



## Crown Seat Consent

Name: \_\_\_\_\_

Phone Number : \_\_\_\_\_ Email: \_\_\_\_\_

I approve the color, shape, feel and overall appearance of the following restoration:  
\_\_\_\_\_.

I understand that once the crown or fixed bridge 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 crowns or fixed bridges may create the risk of injury or breakage of 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. I understand that like natural teeth, crowns and bridges need to be kept clean with proper oral hygiene and periodic professional cleanings, otherwise decay may develop underneath and/or around the margins of the restoration, leading to further dental treatment and possible replacement of the crown(s) and/or bridge.

By signing this Consent for Final Cementation, I give Dove Dental Specialists my consent for final cementation, acknowledge my approval of the appearance and authorize use of discussed material.

Patient Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_