



## CONSENT FOR PROCESSING OF PORCELAIN VENEERS FROM WAX-UP

I have been given the opportunity to view my veneer wax up-on the model. I approve of the shape, size, and overall appearance of the veneers.

I have been given the opportunity to view my veneer wax-up as temporary crowns in my mouth. I approve of the shape, size, and overall appearance of the veneers.

I have been given the opportunity to select the color of my veneers with a staff member, or I will be going directly to the lab for a custom shade/staining appointment.

Initials\_\_\_\_\_

**I understand** that once the porcelain veneers are processed the color, shape, size, and overall appearance cannot be changed without additional, and possibly significant, time being taken and additional fees assessed based on additional work being performed by the dental laboratory fabricating the porcelain restorations.

Initials\_\_\_\_\_

I hereby authorize the doctors at Thrive Dental & Orthodontics and their staff to send the impression taken for my veneers for final processing for tooth number(s): \_\_\_\_\_

\_\_\_\_\_  
Patient's Name (please print)

\_\_\_\_\_  
Signature of legal guardian, or authorized representative

Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date