



Consent for Final Cementation

I have been given the opportunity to view my crown or bridge either on models or in place in my mouth prior to final cementation. I approve the color, shape, feel, and overall appearance of my crown or bridge. I understand that once the crown or bridge is placed in my mouth, the factors of color, shape, and feel and overall appearance cannot be changed without additional and possibly significant time being taken and fees assessed. I also understand that removing a cemented crown or bridge may create the risk of injury or breakage to the underlying teeth and will destroy the crown or bridge, requiring a remake.

By signing this Consent for Final Cementation I give Dr. Lee my consent for final cementation and acknowledge my approval of the appearance.

Patient's Name (please print): _____

Patient's (or legal guardian's) Signature: _____

Date/Time _____

Doctor's Signature: _____ **Date/Time** _____

Witness's Signature: _____ **Date/Time** _____