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Esthetic Restorative-Cosmetic Consent

I accept the restorative/cosmetic/prosthetic dental work that has been done by Dr. Klayman. The dentistry has met my expectations and has given me the smile that I wanted. I am satisfied with the color and shape of my new teeth.

I release Dr. Klayman from any cosmetic changes that I may want in the future regarding this completed treatment and consent to have the restorations permanently placed. If any cosmetic changes are wanted, I realize that it is my choice and responsibility that there will be additional fees to make such changes.

I understand that receding gums and spaces, such as black triangles, are neither restored nor controlled by porcelain veneers/crowns and are a result of poor dental hygiene. I understand that wearing a protective appliance prescribed by the doctor is a part of maintaining my porcelain veneers/crowns and failure to do so may result in fracturing of my restorations.

It is my responsibility to maintain my periodontal/dental health through regular dental cleanings and check-ups and wear all prescribed appliances for warranty of dental work performed by Dr. Klayman. I understand that if failure of the dental work occurs, I may be responsible for all or part of the cost to replace it.

Patient's Signature _____

Date _____

Witness _____

Doctor's Signature _____