



CONSENT FOR CEMENTATION  
OF PORCELAIN/CERAMIC RESTORATIONS

I have been allowed to examine the “try-in” of my restoration(s): \_\_\_\_\_  
\_\_\_\_\_, as long as  
necessary, in order to determine my satisfaction with the shape(s) and color of the  
restoration(s). I understand that, once permanently cemented, it is not possible to  
significantly change the appearance of the restoration(s) without removal and  
complete re-fabrication of the restoration(s), including local anesthesia  
administration and additional full restoration fee(s). I hereby state that I am happy  
with the appearance of the restoration(s) and consent to deliver it/them.

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Dr.'s Signature