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Esthetic Approval for Crowns, Veneers and/or Bridges

I, _____ have evaluated my restoration(s) on tooth-teeth #(s) _____

Please initial:

___ Color

___ Shape

___ Surface Texture

___ Position

I have had an opportunity to discuss any questions/concerns regarding the esthetics of the Crown, Veneer and/or Bridge on Tooth/Teeth # _____.

I understand that NO changes in the Color, Shape, Size or Position of the teeth are possible after final cementation without remaking the restoration(s).

I understand I will be charge an additional fee for laboratory and professional chair-time if the restoration(s) are removed and remade.

Patient's Signature: _____ Date _____

Dentist's Signature: _____ Date _____

Witness' Signature: _____ Date _____