

Smile Pink Gem Smile Consent Form

Patient Name: _____ **Birth date:** _____

Please read and initial the items checked below. Then read and sign the section at the bottom of form.

1. Gem Placement

I understand that I am having the following done: Placing Crystal on Tooth _____

(Initial _____)

2. Possible Reactions

I understand that the gem and bonding agents may cause allergic reactions when placed or swallowed, causing redness and swelling of tissue, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction). I also understand that the gem contains some lead as in all glass gems. The glass crystal has unique properties. The crystal manufacturing process creates a matrix, which inhibits the mobility of lead. Because of this structure, lead crystal poses no significant risk of excessive lead exposure to human health via surface contact (hand to mouth), mouthing or even ingestion.

(Initial _____)

3. Changes in Gem Placement

I understand that during placement, it may be necessary to change or add procedures because of conditions found while working on teeth that were not discovered during inspection. I give my permission to the Dentist to make any/all changes and additions as necessary.

(Initial _____)

4. Placement

I understand that sometimes it is not possible to match the color of natural teeth exactly with the composite material. I further understand that I will be wearing a temporary gem which may come off easily and that I must be careful. The jewels are tiny glass gems. They have no sharp edges. If swallowed the gem will come out "the natural way" the same as it went inside your body. I understand that in some cases, the tooth with a crown may not hold the temporary crystal as well as my natural tooth structure. The gems are not permanent and may need replacement in the future; it is a reversible procedure. My Teeth may be sensitive for a period of time.

(Initial _____)

5. Gem and Tooth Health

The jewel is bonded to the enamel like an orthodontic bracket or a filling to your front tooth, without any drilling or pain. The procedure and removal can be compared to the

placement and removal of orthodontic brackets. When it is removed, it is simply popped off and the tooth is polished to remove any remaining bonding material.

(Initial _____)

I understand that dentistry is not an exact science, and that therefore, reputable practitioners cannot guarantee results. I acknowledge that no guarantee or assurance has been made to me by anyone regarding placement of the pink crystal that I have requested and authorized for myself. I have had a full opportunity to discuss and ask any questions regarding placement of the pink crystal, and all questions have been answered to my satisfaction.

Signature of Patient, Parent, Guardian or Legal Representative

Date

Please print name of Patient, Parent, Guardian or Legal Representative

Relationship to Patient