

*Informed Consent Statement*  
***Altering of Existing Restorations***



Patient's Name (printed):

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I understand that any time existing porcelain restorations are altered, the porcelain could chip and/or fracture. However it is my desire that Dr. Ronald Goldstein refinish and/or reshape the porcelain in/on my teeth in an attempt to help me obtain the functional and/or esthetic shapes I desire. In the event chipping or fracture occurs, I will not hold Dr. Goldstein, his staff, or Goldstein, Garber & Salama, LLC, liable, and it will be my personal responsibility to pay for replacement or repair as necessary.

I have also had opportunity to ask and receive answers to all my questions regarding this treatment.

I have read the above and have discussed with Dr. Goldstein and/or his dental assistant the risks and treatment options available to me. I understand that dentistry is not an exact science and no guarantees can be made to me regarding this treatment. I hereby give my permission to proceed with alteration of my teeth and/or restorations.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Witness / Dental Assistant \_\_\_\_\_

Date \_\_\_\_\_

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