

Informed Consent Statement Regarding
Approval of Restorations



I approve of the color, shade, glaze, shape and size of the porcelain laminate(s) and/or crown(s) that have been fabricated for my teeth and wish to have them permanently cemented in my mouth. I approve of the restorations in every way. I understand that after they are cemented it will be impossible or difficult to change them without removal of tooth structure, damage to the restoration(s), discomfort, and additional expense. I have discussed this with Dr. Ronald Goldstein and have had all my questions answered to my satisfaction prior to cementing the restorations.

Patient's name printed

Patient's signature

date

Witness

date

Goldstein, Garber & Salama, LLC

600 Galleria Parkway, Suite 800

Atlanta, GA 30339

Tel: (404) 261-4941

www.goldsteingarber.com