HappySmile
GABINET STOMATOLOGII I MEDYCYNY ESTETYCZNEJ

PATIENT'S CONSENT TO THE PROCESS AND FINAL ACCEPTANCE OF THE EFFECT OF TOOTH BONDING

I, the undersigned, declare that I have been thoroughly informed about the nature of the dental bonding procedure, its course, possible aesthetic effects, and the limitations resulting from the use of composite material.

I confirm that:
- I have become familiar with the treatment plan and possible aesthetic options,
- I had the opportunity to evaluate the results of the work and submit any comments before the end of the appointment,
- I fully accept the color, shape, size, and overall effect achieved after the procedure,
- I have no reservations about the work performed upon its receipt, which constitutes its final acceptance.

I have been informed and acknowledge that bonding is performed using a composite material that:
- may be subject to natural wear and discoloration over time,
- is susceptible to external factors (coffee, tea, red wine, cigarettes, and other staining products),
- may be subject to mechanical damage (chipping, cracking),
- the durability of the effect depends largely on my habits and compliance with post-treatment recommendations,

with bonding restorations, whitening toothpastes (highly abrasive - recommended RDA below 80) should not be used in daily oral hygiene.

I agree to:
- attend check-ups every 6 months, in accordance with the office's current price list,
- undergo dental hygiene treatments every 6 months, in accordance with the office's current price list,
- follow the recommendations, in particular:
- avoiding products that strongly discolor,
- avoiding excessive strain on the teeth and consuming very hard foods,
- not using the teeth for activities other than their intended purpose (e.g., opening packages).

I declare that:
- I have been informed of the importance of proper oral hygiene and its impact on the durability of the results,
- I have read the terms of the office's warranty and accept them.

I acknowledge that:

all corrections, adjustments, or changes to the work performed after its final approval are subject to a fee, regardless of the reason for their implementation (excluding justified cases covered by the warranty).

The cost of corrections is PLN 200-300 per tooth, depending on the scope of work.

I hereby confirm that:

the effect of the composite restoration - bonding on the date of signing the document is fully satisfactory to me,

I am aware that subsequent subjective aesthetic impressions do not constitute grounds for free changes or complaints in this regard.

Patient's Signature: _____

Doctor's Signature: _____