

Southeastern Wisconsin Aesthetics
W315 N7641 Hwy 83
North Lake WI 53064

Consent for Veneers

I have been given time to read and have read the preceding information describing Lumineers Veneers. I understand the benefits and the risks and inconveniences that may be associated with these procedures. I have been sufficiently informed about and had the opportunity to ask questions and discuss concerns. With my signature below, I consent to treatment by Dr. Herrick's design.

I further consent to the making of aesthetic records, which may include x-rays, photographs, prescriptions and other information which may include personal identification information before, during and after treatment, and to the above doctor providing aesthetic treatment prescribed by her. I also consent to my doctor and DenMat Cerinate lab or other local dental laboratory forwarding my aesthetic records to other licensed dentists and organizations employing licensed dentists for consulting purposes should the need arise.

Finally, I consent to the use of my aesthetic records (e.g. dental x-rays, photographs, and plaster models) for purposes of esthetic consultations, educational and research purposes, publication in professional journals, or use in professional collateral materials, possibly including a full face photograph but not to the use or disclosure of my specific name, address or other personal information that may specifically identify me as an individual.

Patient name (print)

Patient Signature

Date

Doctor Signature

Date

Assistant Signature

Date