

Post Veneers Instructions

Congratulations! You have made one of the very finest investments available today in YOU. Your confidence and self-esteem will soar every time you or others see your beautiful smile.

Today we performed all preparation steps for your veneers. As with any dental procedures there may be an acclimation period or minor side effects. Here are some of the normal but temporary things that you might experience:

- Generalized soreness of your mouth
- Tooth sensitivity to cold
- Increased in saliva flow
- Change in look and feel of your smile
- Gum soreness, especially if laser re-contouring was performed
- Difficulty in speech and or occasional lisping

For the next 3 weeks you will have these interim veneers. It is imperative that you take immaculate care of them. These next suggestions will help you maintain your interim as well as minimize any side effects:

- Brush thoroughly 2 times daily, DO NOT floss as they are in one piece
- Avoid crunchy, chewy, crisp, or tough foods
- Do not bite into anything with your temporaries (be sure to cut up all foods and place onto your back teeth before chewing)
- Apply Peridex® 2 times daily (available by prescription/ in office)**
- Take an anti-inflammatory daily (prescription will be provided)**
- Pain medication as needed (prescription will be provided)**

**Please notify office of any allergies

Before having any cosmetic fillers in your face or plastic surgery procedures, make sure to contact your dentist. You should also make immediate contact to your dental office if:

- Your bite feels “high “or “different”
- Anything feels loose or comes off (do not let any other dentist re-cement your temporaries, correct temporary cement must be used to ensure bond strength of final restorations
- You have any questions or critique

We cannot thank you enough for trusting us with something so precious. We welcome, in fact encourage, any comments or suggestions concerning your visit. We know that while working together, we can create a new smile that will forever change the way you see and feel about yourself. Every day it will become more and more a part of YOU!

I HAVE READ AND UNDERSTAND THE ABOVE POLICY/INSTRUCTIONS.

Patient Signature: _____ Date: _____