

Stuart M. Nunnally, D.D.S., F.A.G.D.
Lane B. Freeman, D.D.S.
Candice H. Owens, D.D.S.

TEMPORARY RESTORATIONS
CONSENT FORM

I, _____, will be leaving Dr. _____'s office with temporary bridges and / or crowns. On occasion, temporary restorations must remain in place for three months in order to give sufficient time for tissues to heal.

Dr. _____ will gladly recement or remake any temporary crown or bridge which was made in our office for purposes of allowing tissues to heal. However, should I live in another city, state or country, Dr. _____ will not pay for another dentist to repair, recement or remake a temporary crown or bridge, nor will he/she pay for travel expenses back to Marble Falls for repair, recementation or remake of any temporary crowns or bridges.

Signature _____ Date _____