LCIAD Information sheet: 13
Lupin® Robotic System Porcelain Veneers

A digital copy of this document is also available on our website https://www.lciad.co.uk/patient-dental-information-sheets/

This information sheet contains generic information and must be read in conjunction with your personalised treatment plan, which gives specific advice.

1. Introduction and general information

Following your dental consultation and appropriate information collection and investigations, your dental surgeon has recommended that you would benefit from porcelain laminate veneers provided by our state-of-the-art Lupin® Robotic System.

At LCIAD, we offer the option of preparing teeth for porcelain veneers using the LUPIN® Robotic System, an advanced dental technology designed to assist dentists in performing precise, digitally planned tooth preparations.

This document explains:

- What porcelain veneers are and how treatment is performed.
- The potential benefits and limitations of veneer treatment.
- The risks and possible complications associated with tooth preparation and porcelain veneers.
- The advantages and limitations of robotic-assisted tooth preparation.
- The alternative treatments available to you.
- The maintenance requirements and long-term implications of treatment.
- Your rights as a patient, including your right to decline or withdraw consent.

Please read this document carefully and discuss any questions with your treating dentist before deciding whether to proceed.

Your consent is voluntary and should only be provided once you understand the nature of the proposed treatment, its expected benefits, its material risks and the reasonable alternatives.

2. What are porcelain laminate veneers?

Porcelain veneers are thin, individually designed ceramic restorations bonded to the front surfaces of teeth.

They are commonly used to improve:

- Tooth colour and discolouration.
- Tooth shape, size and proportions.

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- Minor discrepancies in tooth alignment.
- Gaps between teeth.
- Worn, chipped or uneven teeth.
- The overall harmony and appearance of the smile.

Porcelain veneers can provide highly aesthetic results while preserving a substantial proportion of the natural tooth structure when compared with full-coverage crowns. However, veneer treatment is not appropriate for every patient or every tooth.

The suitability of veneers depends on several factors, including the health of your teeth and gums, your bite, existing restorations, the amount and quality of remaining enamel, and your aesthetic expectations.

3. What does treatment for porcelain laminate veneers involve?

Treatment generally involves the following steps:

I. Clinical assessment and planning

Your dentist will assess your dental health, bite, tooth structure, periodontal condition and aesthetic requirements. Clinical photographs, digital scans and other investigations may be undertaken where appropriate.

II. Digital smile design

A proposed smile design is developed with your input to establish the intended shape, position, proportions and appearance of the final veneers. Digital simulations and aesthetic evaluations in your mouth before treatment communicate the proposed outcome. , These will go some way to allow you to understand the proposed changes to your teeth in advance of treatment commencing.

III. *Tooth preparation*

Depending on your individual circumstances, a small amount of natural tooth structure may need to be removed to create sufficient space for the veneers. Some cases may be suitable for minimal-preparation or no-preparation veneers.

IV. Veneer fabrication

The porcelain veneers are individually manufactured to the approved design before tooth preparation so that they are ready to bond to the teeth on the day of preparation.

V. Veneer bonding

The veneers are bonded to the prepared teeth using advanced dental adhesive systems and resin cement under isolation to ensure a strong and durable bond.

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VI. Review and maintenance

Your dentist will carry out any final review, adjustment, polishing and bite check of your veneers after fitting. Long-term oral hygiene maintenance and periodic professional reviews will be included in your future dental examinations and are part of the guarantees for your dental work under LCIAD's Terms and Conditions.

4. Advantages of porcelain laminate veneers

Porcelain veneers can offer several benefits.

I. Optimal aesthetic improvement

Porcelain laminate veneers are the ideal way to improve tooth colour, shape, symmetry and proportions, creating a more harmonious smile. They can be individually designed to achieve either a natural appearance or a brighter aesthetic result, according to your preferences and clinical circumstances.

II. Colour stability

Dental ceramics are generally resistant to staining and discolouration unlike composite resin veneers over time which can stain and lose surface lustre. Unlike natural teeth, the colour of porcelain restorations is not significantly altered by conventional tooth-whitening products and thought should be given to the ideal shade for the coming decades. Exposed natural tooth surfaces and bonding margins may still discolour over time and benefit from whitening or polishing.

III. Conservative treatment

Porcelain veneers preserve more natural tooth structure than conventional dental crowns. The objective ius to preserve as much enamel structure of the tooth as possible to maintain the strength and integrity of the remaining tooth structure and present the best surface for porcelain biding. The Lupin ® Robotic veneer preparation system provides 5 times more accuracy than even the moist experience human hand and is mathematically calculated wit CAD processes to remove the minimal amount of tooth structure compatible with good veneer design and aesthetics.

IV. Strength and durability

Modern dental ceramics can provide excellent mechanical performance and long-term clinical service when correctly designed, bonded and maintained. They can help to strengthen reduced tooth structure and reduce damaging bending forces. Often, they will be recommended to guide the bite and protect the back teeth as well as the front teeth from destructive wear processes. Porcelain can still chip like natural teeth if used inappropriately (such as opening packets)) but are remarkably durable and predictable over long period for normal eating and biting.

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V. *Individualised treatment*

Veneers can be customised in terms of shape, texture, translucency and colour to complement your facial characteristics and aesthetic preferences.

VI. *Potential functional benefits*

Veneers can restore worn tooth surfaces and contribute to an improved functional relationship between the teeth. Veneers do not automatically correct underlying bite problems, tooth grinding or jaw-joint disorders but may be recommended as part of a full mouth restorative approach for patients with advanced wear loss of teeth in the back.

5. Disadvantages and limitations of porcelain laminate veneers

It is important to understand that porcelain veneers also have potential disadvantages that may not make them suitable for everyone.

I. *Irreversible tooth preparation*

This is one of the most important considerations. When natural enamel or dentine is removed during tooth preparation, that tooth structure cannot regenerate. Even when preparation is extremely conservative, the procedure is irreversible. Therefore, porcelain laminate veneers are prescribed when the overall advantage of the veneers long term are greater than the risks of minor tooth preparation. We wish to avoid tooth preparation even more than you do – this is why the Lupin ® Dental Robot System preparation is such an important advance as it was remove the absolute tooth structure necessary for the provision of durable porcelain laminate veneers.

Once a tooth has been prepared for a veneer, it may require ongoing restoration throughout your lifetime.

II. *Veneers are not permanent*

Although porcelain veneers can last for many years, they have a finite service life. They may eventually require repair or replacement because of wear, fracture, debonding, gum recession, decay or changes in your dental condition.

Replacement will require removal of the current veneers and may require further removal of tooth structure to replace.

III. *Potential sensitivity postoperatively*

Tooth preparation and bonding may result in temporary or persistent sensitivity to cold, heat, pressure or other stimuli. In uncommon circumstances, more significant pulpal complications may occur. However these risks are reduced substantially by careful suitable case selection, limiting tooth preparation to enamel and using the minimum amount of tooth preparation required using the Lupin ® Dental Robot System.

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Additionally, having the veneers fitted on the same day as preparation will allow immediate sealing of any prepared tooth surfaces without waiting between visits with temporary veneers.

IV. Risk of damage to the veneers

Veneers can chip, crack, fracture or become detached, although the latter is very rare due to the protocols of bonding under isolation used at LCIAD.

The risks may be increased by:

- Teeth grinding or clenching.
- Nail biting or chewing hard objects or other habits that may adversely load the porcelain of the veneers.
- Trauma or accidental impact.
- Unfavourable bite relationships.
- Inadequate remaining enamel or tooth structure.

These are minimised with suitable case selection, addressing problems before veneers are provided and ensure that veneers are protected in the future with nightguards or other appropriate measure.

V. Aesthetic limitations

Although every effort is made to achieve the agreed aesthetic objectives, the final result may differ from digital simulations or expectations.

The underlying colour of your natural teeth, the thickness and translucency of the ceramic, and the bonding cement can influence the final appearance.

Some dark or heavily discoloured teeth may require additional preparation, alternative ceramic materials or other pre-operative treatments such as whitening to achieve the desired shade.

VI. Financial commitment

Porcelain veneers represent a significant financial investment. Future maintenance, repair and replacement may involve additional costs in years to come though most well made veneers can last for 15 years or more.

VII. Ongoing maintenance

Veneers require excellent oral hygiene, decay control, regular professional care and, where indicated, protective appliances such as night guards. Failure to maintain adequate dental health may compromise their longevity.

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6. Risks and possible complications of porcelain laminate veneers

The following risks apply to all porcelain veneer treatment, whether tooth preparation is performed conventionally or with robotic assistance. Please be aware that most of the serious complications are rare or very limited when patient cases requiring veneers are properly assessed, planned and treated – the risks specific for your case will be included in your customised dental report.

I. Tooth sensitivity

Mild and temporary sensitivity following preparation or bonding is relatively common. This is most often related to areas of prepared teeth where enamel may not be present during the provisionalisation stage. However, as with the Lupin ® Robotic system the veneers are ready before tooth preparation and are bonded immediately after tooth preparation, this aspect is substantially reduced or eliminated entirely as the tooth surfaces are sealed immediately.

Occasionally, in teeth that already have deep fillings or a history of previous sensitivity due to enamel loss, sensitivity may persist and require further treatment.

II. Pulpal damage

Tooth preparation, particularly in heavily restored teeth or teeth with limited remaining enamel, may irritate or damage the dental pulp. In rare cases, this may result in irreversible pulpitis or pulpal necrosis, potentially requiring root canal treatment or, exceptionally, extraction.

In well planned cases, this outcome is exceptionally rare and should never happen unless the tooth was significantly compromised by deep fillings or large areas of exposed dentine before the veneers were performed.

III. Loss of tooth structure

Preparation for durable porcelain laminate veneers usually involves the removal of some natural tooth structure. This is normally to provide a porcelain margin of sufficient thickness not to chip or stain and to provide room for the ideal veneer contour if the tooth is out of position or has an unusual shape.

The amount required varies according to tooth position, existing anatomy, the proposed smile design and restorative requirements. Normally we would always advocate orthodontic movement of teeth that are out of position or rotated to reduce the amount of tooth preparation required to get the best results.

Preparation may expose dentine, potentially affecting bonding performance and sensitivity.

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IV. Veneer fracture or debonding

Veneers may fracture, chip or detach during normal use or following excessive forces. Repair or replacement may be necessary. The risk is similar to those of natural teeth.

V. Gum irritation or recession

Temporary gum irritation, bleeding or inflammation will occur during the process of porcelain laminate veneer provision as the gum is normally retracted during the cementation procedure and can be irritated during removal of excess cement and polishing after cementation. This resolves within 1-3 days.

Gum health with regular brushing and flossing must be continued as part of your daily home care and regular 3 monthly hygienist visits are still recommended under LCIAD's patient maintenance advice and as part of LCIAD's Terms and Conditions for guarantee of work.

Changes in gum position over time may expose veneer margins or affect the appearance of the restorations. This is unpredictable and can also occur around natural teeth in the presence of gum disease, thin gum or excessive load on the teeth through clenching or grinding.

VI. Dental decay

Natural teeth remain susceptible to dental decay after veneer placement. Decay can develop around veneer margins, particularly where oral hygiene is inadequate. Or where there are additional margins of fillings behind the veneer. If the teeth are extensively filled, then full coverage crowns may be a better option than veneers for restoration of such teeth,

VII. Bite-related complications

Changes to tooth shape and position may alter the way your teeth contact but this will normally be planned to be in harmony with your normal chewing patterns.

At your end of treatment review, the dynamics of your bite will be checked and the veneers polished and adjusted to allow smooth function.

Veneers are designed to work like natural teeth and should not require special care or attention during normal eating and biting if the teeth are not used inappropriately as tools.

Adjustments may be required after treatment but are normally minor.

Patients with grinding, clenching or pre-existing bite-related problems may have an increased risk of complications. However, veneers are also provided to reverse the

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damage done to natural teeth under such conditions and are designed to function within your normal bite and protect your natural teeth from further wear or damage.

VIII. Aesthetic dissatisfaction

Porcelain laminate veneers are designed to greatly improve the aesthetics of your teeth by optimising colour, length, shape and texture of your natural teeth to complement your smile. Whilst we spend a lot of time to design and carefully plan the ideal smile for you, the final appearance may not fully match your expectations.

It is also not uncommon for patients to request unnaturally white teeth which we would advise against to maintain the appearance of a natural smile.

Differences in colour, translucency, shape, symmetry, surface texture or the relationship between teeth and gums may occur between what is envisaged and what is achieved. Therefore, it is important to communicate openly during planning and aesthetic evaluation stages to ensure that you are satisfied and delighted with the outcome of your veneers.

IX. Need for additional treatment

Veneers are normally the last stage of complex dental work.

If you have bite issues, gum disease, missing teeth, irregularly positioned teeth or advanced dental disease, you should not expect veneers to be provided until all of the other dental issues have been resolved and your mouth is healthy and the bite is stable.

Clinical findings may require additional procedures, including:

- Further tooth preparation.
- Replacement or repair of veneers.
- Gum treatment.
- Bite adjustments.
- Root canal treatment.
- Replacement of missing back teeth
- Other restorative procedures.

These treatments may involve additional appointments, costs and clinical risks before embarking on porcelain laminate veneers.

At LCIAD, we would report on all clinical work that is required with transparent costs and timelines before you commence treatment for dental veneers.

7. The Lupin® Robotic System

What is the LUPIN Robotic System?

The LUPIN® Robotic System is a digitally controlled robotic dental system designed to perform tooth preparation for porcelain veneers planned according to a strict protocol with your dental surgeon and laboratory technician.

The system translates an approved digital preparation plan into controlled robotic movements to minimise tooth damage and provide a highly accurate preparation that can achieve results that are 5 times more accurate than the human hand.

The objective is to reproduce the planned preparation accurately, consistently and efficiently in as little as 45 minutes for 8 teeth.

The LUPIN® system does not independently diagnose dental conditions, determine your treatment needs or replace the professional judgement of your dentist.

The treatment plan is established and approved by your dentist, who remains responsible for clinical diagnosis, advice, guidance on decisions, supervision, patient safety and aftercare.

8. Advantages of Lupin® Robotic tooth preparation

I. Precision

The LUPIN® system is designed to reproduce digitally planned tooth preparations with a high degree of precision to control preparation depth, shape and positioning. It does this with 5 times the accuracy of the best dental operator and raises the basic standard of care and consistency for the future of dental care.

II. Tooth preservation

By accurately following a conservative digital preparation plan, robotic assistance limits unnecessary removal of healthy tooth structure which can occur inadvertently during manual preparation.

The amount of tooth structure requiring removal ultimately depends on the approved treatment plan and clinical requirements and will be approved by the clinician and patient before commencing treatment.

Robotic precision does not guarantee that preparation will remain entirely within enamel or that no tooth structure will be removed but where this is necessary robotics will do it to the best current available tolerances.

III. Reproducibility

Robotic assistance is designed to reproduce planned preparation parameters consistently. This reduces inter-operator and intra-operator variations associated with manual tooth preparations.

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IV. Efficiency

The integrated digital workflow increases treatment efficiency and reduces the time required for tooth preparation. Tooth preparation is also carried out in a very gentle manner restricted by the robot so that no excessive heat generation or tooth removal that can accidentally take place, which can happen with manual procedures.

The hands of the clinician and nurse for retraction and finger location and the insertion and removal of indexes and guides used during regular preparation techniques are also removed from the preparation process making it less invasive for the patient in terms of soft tissue manipulation and stretching.

There is also a substantial labour saving and fatigue-reducing effect on the patient and dental team, making the whole process less tiring for all partiers.

V. Digital integration

The Lupin® system combines digital planning with robotic execution, allowing the planned preparation to be transferred into the clinical procedure with a high degree of accuracy measures in just tens of microns.

VI. Dentist supervision

The procedure is performed under the constant supervision and control of a qualified dentist.

The workflow has been designed such that the dental surgeon is an continual observation of the advancing treatment and is able to verify and where necessary intervene in treatment or discontinue treatment when appropriate.

Your dentist remains responsible for determining whether the Lupin® robotic system is appropriate for your treatment and will advise you accordingly.

9. Limitations and risks specific to robotic preparation

Although robotic-assisted dentistry offers potential advantages, it is important to understand that it does also have its limitations.

I. Robotic treatment is not risk-free

The use of robotic technology does not eliminate the risks associated with tooth preparation. Sensitivity, pulpal injury, soft-tissue injury, excessive tooth reduction and other complications remain possible. However, these are of a similar or lower risk level than conventional preparation and should not increase the risk of such issues that are already present.

II. Technical or mechanical difficulties

As with other sophisticated medical and dental technologies, technical problems may occur.

These could include:

- Software or hardware malfunction.
- Errors in digital registration or positioning.
- Interruption of the robotic procedure.
- Inaccuracies in translating the digital plan into clinical execution.
- Unexpected patient movement or other circumstances requiring the procedure to be stopped.

There are multiple safety mechanisms and stepwise verification procedures to minimise such risks. Clinical supervision is present to mitigate and reduce these risks, but no technology can eliminate them completely.

To date, there have been no adverse events in the utilisation of this technology on patients in a year of clinical trials.

III. Unexpected preparation outcomes

Despite careful digital planning and robotic execution, variations in tooth anatomy, limitations in positioning or clinical circumstances such as the patient having a small mouth, difficult access or anatomically unusual tooth shape, relationships or wear patterns may affect the preparation.

Additional manual adjustments and on occasion, conventional treatment may be required.

IV. Soft-tissue injury

There is a potential risk of accidental injury to the gums, lips, cheeks, tongue or other oral tissues during dental preparation.

This is limited as far as possible by the retractive and protective design of the tooth-mounted frame that will hold the lower jaw open and stable during treatment but additional retraction and protection ma be required during treatment.

V. Conversion to conventional preparation

Your dentist may decide that robotic preparation should be interrupted, modified or abandoned if it becomes clinically inappropriate or unsafe.

In these circumstances, treatment may be completed using conventional instruments and approach, postponed or reconsidered.

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This will mean that provisional veneers may need to be made and the process continued and completed over two sessions as normal.

VI. Limitations of available clinical evidence

Robotic-assisted veneer preparation is a relatively new application of dental technology. Although the system has undergone technical and clinical evaluation, long-term comparative evidence remains more limited than for conventional veneer preparation.

It has not been established that robotic preparation guarantees superior long-term veneer survival, eliminates complications or consistently produces better outcomes than treatment performed by an experienced dentist using conventional techniques.

However, its efficacy in maintaining accurate and minimal preparations and allowing one visit treatment are substantial improvements in their own right that will eventually be incorporated into other aspects of patient care and operative dentistry.

VII. Individual suitability

Not every patient or tooth will be suitable for robotic preparation. Anatomical limitations, restricted access, tooth position, existing restorations or other clinical considerations may require conventional treatment or alternative restorative options.

10. Alternatives to porcelain veneers

It is important that patients understand possible reasonable alternatives before consenting to robotic veneer treatment.

These may include:

I. No treatment

You may choose not to undergo dental treatment. Veneers will normally only be prescribed or recommended if there is a clear requirement and advantage to having them over not having veneers and this will be explained in full in your custom written dental report. However, all patients have the option of having no treatment if they so wish.

If your teeth are healthy and functioning adequately, no treatment will be recommended as we would not feel that damage to healthy teeth is a suitable treatment option.

II. Tooth whitening

Professional whitening may improve tooth colour without requiring porcelain restorations or may be recommended before dental veneers are carried out to improve the overall shade of the teeth.

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However, whitening cannot significantly change tooth shape or position and may not adequately correct certain discolorations.

III. Resin infiltration therapy (ICON)

Resin infiltration therapy is a conservative way of eliminating mottling or irregular colouring of teeth isolated to certain areas.

This can be used on conjunction with whitening and selective composite resin restorations when much of the structural integrity and shape of the teeth is present.

IV. Composite bonding

Composite resin bonding is a popular and widely used method of modifying tooth shapes, closing spaces and improving aesthetics, especially when coupled with whitening and / or resin infiltration.

Advantages may include lower initial cost, easier repair and less invasive preparation.

The greater disadvantage is that thinner sheets of composite resin used to cover teeth are more prone to degradation and loss of colour, texture, increased structural degradation and staining and inferior strength and wear resistance compared to porcelain veneers and may need to be revised more frequently.

If carried out without tooth preparation, teeth may also appear bulkier and have added thickness or poor anatomical shape compared to porcelain veneers.

Patients with previous composite bonding that require replacement with veneers will require all bonding to be removed first before they can be replaced with porcelain laminate veneers.

V. Orthodontic treatment

Orthodontic treatment is necessary to achieve ideal aesthetics and function if teeth are not correctly aligned.

This is indicated whether the teeth themselves are destined for no treatment, whitening, resin infiltration, composite resin bonding or veneer treatment.

Orthodontic treatment, including clear aligners or fixed appliances, improve tooth alignment and spacing and can reduce the need to remove healthy tooth structure by positioning the teeth slightly behind d the ideal contour of future veneers. This would be planned into your orthodontics.

Treatment generally requires a longer period and may not independently address colour or tooth-shape concerns for which composite bonding or porcelain veneers would be required based on the individual requirements of each patient.

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VI. No-preparation or minimal-preparation veneers

In suitable cases, veneers may be placed with little or no tooth reduction.

However, this is not appropriate for all patients and may result in excessive tooth bulk or compromised aesthetics if used in unsuitable situations.

Veneers perform best if they have a finite thickness of at least 0.2-0.3mm thickness at the edges to maintain structural integrity and make laboratory manufacture easier. – wafer this porcelain tends to chip or crack and discolour.

Whilst minimal preparation veneers are often an option, zero prep veneers rarely give as good results for the long term.

It should be remembered that if teeth are heavily discoloured, then thinner veneers have a limited ability to mask the underlying discoloration and thicker veneers or greater tooth preparation may be required.

VII. Conventional porcelain veneer preparation

Your teeth may be prepared manually by your dentist using conventional dental instruments. This is an established treatment approach that has been used for nearly 4 decades.

Choosing conventional preparation does not necessarily compromise the quality of the final result.

However, the advantages of robotic preparation would not be available and greater than required tooth damage may occur compared to robotic preparation

VIII. Dental crowns or other restorations

Where teeth are extensively damaged, heavily restored or structurally compromised, crowns or other restorative treatments may be more appropriate.

These options may require more extensive tooth preparation to maximise the success of the final crowns.

Your dental surgeon will explain which alternatives are clinically appropriate in your individual case and why the proposed treatment has been recommended.

11. Expected longevity and maintenance of porcelain laminate veneers

Porcelain veneers can and do provide many years of satisfactory clinical service.

However, their lifespan varies according to individual factors.
These include:

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- The condition of the underlying teeth.
- The quality and quantity of remaining enamel.
- The patient's bite and functional habits.
- The presence of grinding or clenching.
- Oral hygiene and periodontal health.
- Dietary and lifestyle habits.
- Accidental trauma.
- Attendance at maintenance appointments.
- The quality of dental care and execution of treatment at each stage with attention to detail.

There is no guarantee that veneers will last for any specific period.

To maximise their longevity, you will be advised to:

- Maintain excellent oral hygiene.
- Attend regular dental and hygiene appointments.
- Avoid biting hard objects.
- Avoid using your teeth to open packaging.
- Wear a protective night guard if prescribed.
- Report any discomfort, looseness or damage promptly.

Veneers may require repair or replacement in the future at additional cost. It would be estimated that someone having veneers in their 20's should expect to have them replaced at least twice in their lifetime.

However, they may also be instrumental in protecting your teeth from wear or damage and it is always preferable to wear or break dental restorative material that can be replaced rather than wearing or breaking your own teeth.

12. Aesthetic expectations

The purpose of aesthetic dental treatment is to improve your smile in a way that is appropriate for your individual facial characteristics, dental health and personal preferences.

However, as well as aesthetics, porcelain laminate veneers are often recommended to replace worn tooth structure or improve functional tooth shapes to protect your back teeth for the future

Your dentist will discuss your desired outcome and the realistic possibilities of treatment.

You should understand that:

- Perfect symmetry cannot always be achieved and actually most beautiful smiles are not perfectly symmetrical.
- Natural teeth and gums are not perfectly symmetrical. They look odd when they are.

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- Ceramic restorations interact with light differently from natural teeth. The best ceramic material for your case will be recommended for ideal results but they are never 100% the same as natural tooth structure and should not be expected to be.
- The final colour may be influenced by the underlying tooth structure and bonding materials. We have a good working knowledge of the best combinations of materials to use for your case and will advise accordingly.
- Digital previews and mock-ups are planning tools to make decisions and , not guarantees of treatment outcome.
- Minor refinements may be necessary.
- Your perception of the final result may differ from your initial expectations.
- If you wish to have the opinion of your spouse or partner in making the final decision for the shapes and shades of your veneers, please involve them early. Once veneers are fitted, they cannot be revised and it is important that this is taken into account.

No specific aesthetic outcome can be guaranteed.

13. Your right to choose

You are under no obligation to proceed with porcelain veneers or robotic-assisted treatment.

You may:
- Accept the proposed treatment.
- Request further information.
- Seek a second opinion.
- Choose an alternative treatment.
- Decline treatment.
- Withdraw your consent at any time before treatment commences.

If you withdraw consent after treatment has started, your dentist will explain the clinical implications and any necessary steps to protect the prepared teeth. There may also be associated costs that need to be paid for if preparation has already started and veneers and robotic assembly already custom made for you.

However, you must never feel pressured to proceed if you do not wish to do so.

14. Patient acknowledgement and informed consent

PLEASE NOTE THAT THIS IS NOT A CONSENT FORM. IT DOES NOT NEED TO BE SIGNED AND RETURNED AND IS FOR YOUR INFORMATION AND RECORDS ONLY.

This is an information document and checklist for your peace of mind to explain the indications and process of having veneers, their alternatives and the advantages and disadvantages of robotic veneer preparation.

Your consent will be requested on the dental report accompanying this information sheet which will be referred to in the report.

However, before consenting, you should use the checklist below and ask any questions that you need to and obtain clear written answers before committing:

Please read each statement carefully and tick to ensure that the statement is true. By checking the statements below, you confirm that the relevant information has been explained to you and that you have had the opportunity to ask questions.

Understanding the proposed treatment	
I understand the nature and purpose of porcelain veneer treatment.	
I understand which teeth are proposed for treatment and the intended aesthetic and functional objectives.	
I understand that porcelain veneers are elective in many circumstances and that I may choose not to undergo treatment.	
Irreversibility and long-term consequences	
I understand that tooth preparation may involve the irreversible removal of natural enamel and/or dentine.	
I understand that prepared teeth may require ongoing restorative treatment throughout my lifetime.	
I understand that veneers are not permanent and may require repair or replacement.	
Risks and complications	
I understand the potential risks of tooth sensitivity, pulpal injury, root canal treatment, veneer fracture, debonding, gum problems, decay and aesthetic dissatisfaction.	
I understand that unforeseen complications may require additional treatment and associated costs.	
I understand that no particular aesthetic or clinical outcome can be guaranteed.	
Robotic-assisted treatment	
I understand that the LUPIN® Robotic System is used to assist with digitally planned tooth preparation under the supervision of my dentist.	
I understand the potential advantages of robotic preparation, including precision, reproducibility and controlled tooth reduction.	
I understand that robotic preparation does not eliminate clinical risks or guarantee superior outcomes.	
I understand that technical difficulties or unexpected clinical circumstances may require the procedure to be interrupted or modified.	
I understand that my dentist may recommend completing treatment using conventional instruments where clinically appropriate.	

I understand that long-term clinical evidence for robotic-assisted veneer preparation remains more limited than for conventional techniques.	
Alternatives	
I have been informed about reasonable alternatives, including no treatment, whitening, resin infiltration therapy, composite bonding, orthodontics, minimal-preparation veneers and conventional tooth preparation, where applicable.	
I understand the advantages and disadvantages of the alternatives relevant to my clinical circumstances.	
Maintenance and financial implications	
I understand the importance of long-term maintenance and regular dental reviews.	
I understand that future veneer repairs, replacement or additional treatment may involve further costs.	
Opportunity for discussion	
I have had sufficient opportunity to ask questions.	
My questions have been answered to my satisfaction.	
I understand that I may withdraw consent at any stage, subject to the clinical implications of treatment already undertaken.	
Consenting to porcelain laminate veneer treatment	
I have received and understood the information provided regarding porcelain veneer treatment.	
The proposed treatment, its expected benefits, material risks, limitations and reasonable alternatives have been discussed with me.	
I understand that tooth preparation may be irreversible	
I understand the potential need for future maintenance, repair or replacement.	
I have had the opportunity to ask questions and receive explanations.	
I voluntarily agree to proceed with the proposed porcelain veneer treatment.	
Specific consent to LUPIN® Robotic tooth preparation	
I understand that robotic-assisted preparation is an optional method of carrying out the planned tooth preparation.	
I understand that conventional manual preparation is an alternative.	
I have been informed of the potential benefits, limitations and specific risks associated with the LUPIN Robotic System.	
I CONSENT to the use of the LUPIN Robotic System for my planned veneer preparation.	
I DO NOT CONSENT to robotic-assisted preparation and would prefer to discuss conventional treatment.	

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If robotic preparation cannot be safely completed:	
I consent to my dentist completing the approved preparation using conventional instruments, provided this does not materially change the agreed treatment plan.	
I would prefer the procedure to be stopped, and further options discussed before conventional preparation is undertaken.	
I understand that urgent measures necessary to protect my safety at the discretion of my dental surgeon and his team may still be required.	
Clinician communication; The dental surgeon has satisfactorily:	
Assessed the patient's suitability for the proposed treatment.	
Explained the nature, intended benefits and limitations of porcelain veneers.	
Discussed material risks relevant to the patient's individual clinical circumstances.	
Explained the irreversible nature of tooth preparation.	
Discussed reasonable alternatives, including no treatment.	
Explained the potential advantages and limitations of robotic-assisted preparation.	
Discussed the possibility of technical interruption or conversion to conventional preparation.	
Addressed the patient's questions and expectations.	
Allowed the patient sufficient opportunity to make an informed decision.	

© LCIAD 2026: This information sheet contains generic information and must be read in conjunction with your personalised treatment plan, which gives specific advice.