



Behind the smile: Managing Hidden Risks in Veneer Dentistry

A 42-year-old tan, fit, and well-groomed marketing executive presents with a CC: “I don’t like my smile, and food gets stuck here” the patient points to #11/12 area.

The shade is in the D3/D4 range with short teeth and few diastemas between 6/7,8/9,10/11, and 11/12.

Orthodontic treatment and whitening were “offered” to the patient who insisted on veneers for immediate results. She added that finances are not an issue.

She brought several photos of different celebrities as an example of what she’s looking for. She reiterated that finances are not an issue, but time is. She is about to start a new job and appearance is very important.

The doctor prepped the teeth and realized that the stain was dark so he informed the patient that the veneers would have to be thick to cover the stain. The patient did not react.

A few weeks after the delivery, the patient complains that they look “two wide and opaque.”

Despite a few adjustments and polishing, the patient remains dissatisfied, demands a full refund, and threatens to file a complaint with the Board of Dentistry.

The records do not contain a comprehensive examination, including oral cancer screening, occlusion, TMJ and periodontal status.

No records of a full discussion with the patient regarding the risks, options, and limitations of the proposed treatment.

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There was no record of visual aids, diagnostic wax-ups, or any chance to allow the patient to “preview” their results.

This is not an exotic story. This is a daily reality in the veneer business. The clinical work may be flawless but unmet expectations can turn a technically excellent outcome into a reputational and financial liability. Let alone the stress and emotional burden on the clinician.

The take home message:

Aesthetic dentistry is the intersection of art, science, and psychology. **It exposes the dentist to a full professional risk from subjective satisfaction to technical complications.**

Our proposed treatment should be based on solid rationale and not driven solely by “what the patient wants”. Patient autonomy is to be respected and honored without violating the standards of care. The patients that are armed with the proper and complete information are partners in the decision-making process. Having an in-depth consultation before treatment is initiated is valuable to understand what the patient is looking for as well as raising their dental IQ. It is also a good time to manage expectations and assess if we can meet those expectations.

Before delivery, ask the patient to bring a family member or a friend they trust to get a second pair of eyes. Often the patient gives the approval to proceed, then when they go home someone says something that causes the patient to change their mind.

During delivery, materials and techniques matter. Overreduction, poor bonding, suboptimal occlusal design can compromise outcomes.

Document every step, from initial consultation, pre-op shade selection to cementation notes, to postoperative instruction and long-term care, like recommending an occlusal guard and compliance.

Case selection, comprehensive examination, exhaustive communication, managing expectations, and thorough documentation remain the key defenses to ensure success.

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