

User Insights into Fake Snap-on Veneers: Perceptions and Experiences

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Purpose: The aim of this pilot study was to assess the knowledge and perceptions surrounding the use of fake snap-on veneers, as well as to evaluate the experiences of individuals who have used them.

Materials and Methods: This study was conducted between October 2021 and January 2022. A questionnaire was distributed through social media platforms to individuals aged >18 years in Saudi Arabia, which assessed their personal and sociodemographic information and perceptions and experiences with fake snap-on veneers. The statistical analyses included descriptive statistics, bivariate analyses, and multiple logistic regressions.

Results: The study included 466 participants, with the majority being young adults, with an almost equal sex distribution. The study highlighted a general reluctance to use these veneers because of concerns about dental damage and esthetics. Women and younger individuals showed higher awareness, and regional variations indicated potential cultural influences on the perception of these dental devices. Most users experienced discomfort and did not recommend the fake snap-on veneers.

Conclusion: This study sheds light on a cautious approach toward fake snap-on veneers, despite their esthetic appeal. This underscores the need for strict regulations, public awareness campaigns, and ethical dental practices to ensure informed decision-making and safeguard dental health. The concept of an ideal smile has led to various cosmetic dental procedures. Snap-on veneers offer a pain-free and affordable solution, but fake versions raise concerns about discomfort, unrealistic results, and oral health issues. User complaints emphasize the need for strict regulations and public awareness campaigns to ensure informed decisions.

Keywords: snap-on veneers, dental veneers, social media platforms, esthetic dentistry, cosmetic dental procedures

Introduction

A pleasant smile and dental esthetics play important roles in facial attractiveness. Studies have shown that individuals with dental problems have limited job opportunities compared to individuals with healthy teeth.¹ Healthy and attractive teeth are becoming increasingly important for self-confidence and social acceptance.^{2,3} To attain an ideal smile, individuals may consider cosmetic dental procedures such as veneers, crowns, teeth whitening, or orthodontic procedures. Alternatively, they may choose a quicker and more affordable option, such as a snap-on smile.^{1,2,4}

A snap-on smile is a non-invasive cosmetic dental solution that requires no tooth preparation, cementation, or anesthetic injections, making it a pain-free procedure.⁵ It also offers the advantage of affordable and immediate changes to achieve a beautiful “Hollywood smile” compared to traditional veneers or lumineers.^{2,6} Patients can wear snap-on veneers as a custom-made, flexible, removable device over their natural teeth to cover broken, decayed, stained, or missing teeth.⁴ Snap-on smiles require two dental visits; the first is for impression and shade selection, and the second is for delivery after laboratory fabrication.⁶

Currently, fake snap-on veneers are marketed as clip-on or DIY (do-it-yourself) veneers. These appliances are pre-made and not customized, and individuals can attach them to their natural teeth by either gluing or snapping them on.⁷

Most fake snap-on veneers are made out of resin, plastic, or silicone. Many unlicensed, non-dental professionals sell different types and brands of these products on numerous online websites.⁸ Fake snap-on veneers are removable pieces that fit existing teeth, covering them from molar to molar.⁹ There are two main types of snap-on veneers: one that requires patients to send impressions of their teeth before creating the appliance, and the other that does not.^{7,8}

The issue with fake snap-on veneers is that they are not customized, which can cause discomfort when worn.⁷ Although some brands require tooth molds, many patients obtain unrealistic results, either too white or too large.⁷ Besides that, wearing them increases the risk of cavities and plaque accumulation, which can lead to oral health problems.^{6,9} In addition, it is not recommended to eat while using these appliances because they are not durable.⁹

Patients may experience bite problems with fake snap-on veneers because these veneers do not consider the jaw position. This can result in abnormal stress on the temporomandibular joint (TMJ), leading to pain and TMJ problems.⁷ According to one case report, the patient was unable to remove the home-relining material of the veneer, which stuck on the teeth, resulting in traumatic ulcerations and unstable oral health.¹⁰

While many studies have explored the benefits and drawbacks of professional dental cosmetic solutions such as traditional veneers and snap-on smiles, there is a lack of research on the growing trend of fake snap-on veneers, particularly regarding their safety, effectiveness, and user experience, leaving a significant gap in understanding the public's awareness and perception of these non-customized, do-it-yourself veneers. Additionally, there is limited research on the adverse effects, potential oral health risks, and user satisfaction related to these products.

Therefore, this pilot study aimed to evaluate the knowledge and perception of using fake snap-on veneers as well as to evaluate the experiences of individuals who have used them among a sample of Saudi population.

Materials and Methods

This cross-sectional study was conducted between October 2021 and January 2022 and was reviewed and approved by the Institutional Review Board of the King Abdulaziz University Faculty of Dentistry (#284-09-21). This study followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) checklist guidelines and complies with the principles of Declaration of Helsinki.

A self-administered anonymous questionnaire was distributed through convenience sampling on social media platforms (Twitter and WhatsApp). The inclusion criteria were individuals residing in Saudi Arabia aged above 18 years. The questionnaires were distributed in Arabic and English using Google Forms. The questionnaire was translated forward and backward. First, the English version was translated into Arabic, and subsequently, the Arabic version was translated back into English. Finally, the two English versions were compared. Two experts assessed the questionnaire's content validity, followed by pilot testing (face validity) with 30 participants. The questionnaire was modified and finalized for data collection. Participation was voluntary, and informed consent was obtained from all participants.

The questionnaire was divided into three parts. The first part focused on personal and sociodemographic information, including age, sex, nationality, region, marital status, education level, income per month, and employment status. The second part included questions that assessed the participants' knowledge and perceptions of using fake snap-on veneers.

- Do you know what fake snap-on veneers are?
 - If yes, how did you hear about it?
- Do you have the intention to use fake snap-on veneers?
 - If yes, why would you like to use fake snap-on veneers?
 - If not, why would you not prefer to use fake snap-on veneers?
- Did you use fake snap-on veneers before?

The last part of the survey assessed the users' experiences with fake snap-on veneers. Questions were asked about the source and price of the fake snap-on veneer, method of application, comfort of using it, and possible side effects.

Statistical analyses were conducted using the Statistical Package for the Social Sciences software (version 16; SPSS Inc., Chicago, IL, USA). Descriptive statistics as frequencies and percentages were used to report the sample

characteristics. Chi-square test was used to conduct a bivariate analysis was used to study the association between the knowledge of fake snap-on veneers and demographic characteristics. Finally, multiple logistic regression was performed to predict the intention to use fake snap-on veneers based on participant characteristics (age, sex, nationality, region, marital status, education level, income per month, and employment status). The significance level was set at $p < 0.05$.

Results

A total of 1684 individuals participated in this study, of whom 504 completed the questionnaire. We excluded 38 participants because they were younger than 18 years, resulting in a sample size of 466 participants.

Participants' Characteristics

Most participants were aged 18–24 years (37.1%). The sex distribution was almost equal, with 50.5% men and 49.5% women. Most respondents were Saudi nationals (96.7%), with over half of them residing in the western region (52.2%). Although more than two-thirds of the participants held a bachelor's degree (62.2%), less than half earned more than 4,000 SAR per month (Table 1).

Perception of Fake Snap-on Veneers

More than half the participants (54.8%) were aware of fake snap-on veneers, with social media being the most common source of exposure (69%) (Table 2).

Table 1 Characteristics of Study Participants (n = 466)

Characteristics	Frequency	Percentage (%)
Sex		
Male	234	50.5
Female	229	49.5
Age		
18–24	173	37.1
25–29	139	29.8
30–39	94	20.2
≥40	60	12.9
Nationality		
Saudi	444	96.7
Non-Saudi	15	3.3
Region		
Western	242	52.2
Northern	17	3.7
Eastern	64	13.8
Southern	63	13.6
Central	78	16.8
Marital status		
Single	268	57.5
Married	185	39.7
Divorced/Widowed	13	2.8
Level of education		
High school or less	106	22.8
Diploma degree	51	11.0
Bachelor's degree	289	62.2
Postgraduate degree	19	4.1

(Continued)

Table 1 (Continued).

Characteristics	Frequency	Percentage (%)
Income per month		
Less than 4000 SAR	213	46.6
4000–10,000 SAR	153	33.5
10,001–20,000 SAR	82	17.9
More than 20000 SAR	9	2.0
Employment status		
Unemployed	126	27.0
Retired	10	2.1
Employee: government sector	98	21.0
Employee: private sector	104	22.3
Student	128	27.5

Notes: Not all variables add up to the total number of participants (466) because of missing values.

Most participants (83.1%) reported no intention of using snap-on veneers because they believed it could destroy their teeth (37.3%) and look fake (26.5%). Of those who reported that they intended to use fake snap-on veneers, 84.3% used them for esthetic purposes. Among all participants, only 3.2% reported using fake snap-on veneers (Table 2).

Table 2 Participants' Perceptions of Fake Snap-on Veneers (n = 466)

Questions	Frequency	Percentage (%)
Do you know what fake snap-on veneers are?		
Yes	255	54.8
No	210	45.2
If yes, how did you hear about it?		
Social media advertising	176	69.0
Friends	50	19.6
Family	21	8.2
Other	8	3.2
Do you have the intention to use fake snap-on veneers?		
Yes	77	16.5
No	378	83.1
If yes, why would you like to use fake snap-on veneers?		
Like the way it looks	54	84.3
To be fashionable–catch attention	4	6.3
Sign of being rich	1	1.6
Cannot afford permanent veneers	3	4.6
Friends/family recommendation	1	1.6
Other	1	1.6
If not, why would you not like to use fake snap-on veneers?		
It may destroy my teeth	138	37.3
It is not done under the supervision of a dentist	30	8.1
I would rather have permanent veneers	35	9.5
It looks fake	98	26.5
Friends or family did not recommend it	43	11.6
Other	26	7.0
Did you use fake snap-on veneers before?		
Yes	15	3.2
No	451	96.8

Knowledge of Fake Snap-on Veneers

Our study found that women (53.4%) and individuals aged 25–29 years (33.7%, $p < 0.005$) had higher awareness of fake snap-on veneers. Additionally, single individuals (65.1%) and students (36.9%) had significantly more knowledge of fake snap-on veneers (Table 3).

Table 3 Bivariate Analysis of Participants' Knowledge of Fake Snap-on Veneers with Demographic Characteristics [n (%)]

Characteristics	Knowledge		p-value
	Yes	No	
Sex			
Male	118 (46.6)	116 (55.5)	0.06
Female	135 (53.4)	93 (44.5)	
Age			
18–24	109 (42.7)	63 (30.0)	< 0.005
25–29	86 (33.7)	53 (25.2)	
30–39	34 (13.3)	60 (28.6)	
≥40	26 (10.2)	34 (16.2)	
Nationality			
Saudi	246 (98.4)	197 (94.7)	0.02
Non-Saudi	4 (1.6)	11 (5.3)	
Region			
Western	147 (57.9)	95 (45.5)	0.07
Northern	6 (2.4)	11 (5.3)	
Eastern	30 (11.8)	34 (16.3)	
Southern	32 (12.6)	30 (14.4)	
Central	39 (15.4)	39 (18.7)	
Marital status			
Single	166 (65.1)	101 (48.1)	< 0.005
Married	82 (32.2)	103 (49.0)	
Divorced/Widowed	7 (2.7)	6 (2.9)	
Level of education			
High school or less	52 (20.5)	54 (25.7)	0.08
Diploma degree	25 (9.8)	26 (12.4)	
Bachelor's degree	170 (66.9)	118 (56.2)	
Postgraduate degree	7 (2.8)	12 (5.7)	
Income per month			
Less than 4000 SAR	120 (48.2)	92 (44.4)	0.09
4000–10,000 SAR	88 (35.3)	65 (31.4)	
10,001–20,000 SAR	39 (15.7)	43 (20.8)	
More than 20000 SAR	2 (0.8)	7 (3.4)	
Employment status			
Unemployed	66 (25.9)	60 (28.6)	< 0.005
Retired	5 (2.0)	5 (2.4)	
Employee: government sector	39 (15.3)	59 (28.1)	
Employee: private sector	51 (20.0)	53 (25.2)	
Student	94 (36.9)	33 (15.7)	
Intention to use			
Yes	41 (16.1)	36 (18.1)	0.6
No	214 (83.9)	163 (81.9)	

Intention to Use Fake Snap-on Veneers

The odds of men intending to use fake snap-on veneers were 50% lower than those of women (OR: 0.5, 95% CI: 0.3–0.9). The intention to use it was inversely related to age, and younger individuals were more likely to use it. On the other hand, income had a direct relationship with the intention to use; however, it was not statistically significant. Compared to the central region, the northern region had 3.5 times the odds of having the intention to use compared with the southern region (95% CI: 1.2–10.4), while the western region had double the odds (OR: 2.2, 95% CI: 1.2–4.4, respectively) (Table 4).

Users' Experience

Our research revealed that women (53.3%) and individuals aged 25–29 years (33.3%) were the primary users of fake snap-on veneers. In addition, the majority of individuals were Saudi nationals (92.9%), with 40% originating from the western region. Most of the participants (60%) held a bachelor's degree; however, 40% were unemployed, and 46.7% had an income of less than 4,000 SAR per month (Table 5).

Our study found that the most common source of false snap-on veneers (46.7%) was dental offices, followed by dental specialists and consultants (35.7%) who placed them. Most participants (66.7%) did not use an adhesive or lining material to attach their fake snap-on veneers to their teeth. Additionally, most reported discomfort after wearing fake snap-on veneers, and more than half of the users experienced an imperfect fit (Table 6).

This study found that 33.3% of the users wore fake snap-on veneers only during social occasions, whereas 46.7% had no plans to wear them again. Although over half of the users were warned of the possible side effects, they believed that tooth sensitivity (26.7%) and caries (20%) were the most frequent side effects (Table 6).

Furthermore, over half of the users expressed dissatisfaction with their experience using fake snap-on veneers, and most of them (66.7%) did not recommend this product to their family and friends (Table 6).

Table 4 Multiple Logistic Regression Predicting the Intention to Use Fake Snap-on Veneers from Participant Characteristics

Variable	Odds Ratio	95% Confidence Interval	p-value
Sex			
Male	0.5	0.3–0.9	0.02*
Female	Ref	Ref	Ref
Income			
Less than 4000 SAR	0.1	0.01–1.5	0.1
4000–10,000 SAR	0.3	0.03–3.3	0.3
10,001–20,000 SAR	1.3	0.1–14.3	0.8
More than 20,000 SAR	Ref	Ref	Ref
Age			
18–24	6.0	2.2–16.5	0.001*
25–29	5.4	2.0–14.7	0.001*
30–39	2.9	1.09–7.6	0.03*
≥40	Ref	Ref	Ref
Region			
Western	2.2	1.1–4.4	0.01*
Northern	5.4	0.6–45.7	0.1
Eastern	2.3	0.9–5.6	0.07
Southern	3.5	1.2–10.4	0.02*
Central	Ref	Ref	Ref

Notes: *Statistically significant: $p < 0.05$; Ref: reference.

Table 5 Demographics of Fake Snap-on Veneer Users (n = 15)

Characteristics	Frequency	Percentage (%)
Sex		
Male	7	46.7
Female	8	53.3
Age		
18–24	2	13.3
25–29	5	33.3
30–39	4	26.7
≥40	4	26.7
Nationality		
Saudi	13	92.9
Non-Saudi	1	7.1
Region		
Western	6	40
Northern	0	0
Eastern	3	20
Southern	1	6.7
Central	5	33.3
Marital status		
Single	5	33.3
Married	9	60
Divorced/Widowed	1	6.7
Level of education		
High school or less	5	33.3
Bachelor's degree	9	60
Postgraduate degree	1	6.7
Income per month		
Less than 4000 SAR	7	46.7
4000–10,000 SAR	5	33.3
10,001–20,000 SAR	3	20
More than 20000 SAR	0	0
Employment status		
Unemployed	6	40
Retired	1	6.7
Employee: government sector	3	20
Employee: private sector	5	33.3

Table 6 Experiences of Fake Snap-on Veneer Users (n = 15)

Question	Frequency	Percentage (%)
Source of the fake snap-on veneers?		
Local store	5	33.3
Dental office	7	46.7
Other	2	13.3
Who put on your fake snap-on veneers?		
General dentist	3	21.4
Specialist or consultant dentist	5	35.7
Yourself	3	21.4
Other	3	21.4

(Continued)

Table 6 (Continued).

Question	Frequency	Percentage (%)
How much did you pay to get fake snap-on veneers?		
500–1000 SAR	1	16.7
>1000–2000	4	66.6
>2000	1	16.7
Did you use Glue or reline material to fix the fake snap-on veneers on your teeth?		
No	10	66.7
Yes, glue	2	13.3
Yes, reline	2	13.3
How comfortable the bite is after inserting fake snap-on veneers?		
Comfortable	3	20
Not comfortable	9	60
No difference	3	20
Do/did the fake snap-on veneers fit your teeth perfectly?		
Yes, it fits my teeth perfectly	7	46.7
No, it did not fit perfectly	8	53.3
What did you use to clean fake veneers?		
I did not know that I had to clean them	1	6.7
I do not clean them although I know I have to	2	13.3
Toothpaste and brush	5	33.3
Special solution for cleaning prosthesis	5	33.3
Other	2	13.3
Were you informed about possible side effects?		
Yes	8	53.3
No	7	46.7
What are the side effects?		
Caries	3	20
Inflamed gum	2	13.3
Pain	2	13.3
Teeth sensitivity	4	26.7
Halitosis (bad smell)	1	6.7
How long did you have fake snap-on veneers on?		
Only once	4	26.7
Less than 3 months	4	26.7
3–6 months	1	6.7
6 months–1 year	1	6.7
More than 1 year	2	13.3
I am still using them	2	13.3
How often do you use fake snap-on veneers?		
Everyday	3	20
Only during social occasions	5	33.3
Only once	3	20
Other	3	20
How long do you intend to keep fake snap-on veneers on?		
Less than 3 months	1	6.7
3–6 months	2	13.3
6 months–1 year	1	6.7
More than 1 year	3	20
Not using them anymore	7	46.7

(Continued)

Table 6 (Continued).

Question	Frequency	Percentage (%)
Were you satisfied with the fake snap-on veneers?		
Very satisfied	3	20
Satisfied	3	20
Unsatisfied	5	33.3
Very unsatisfied	3	20
Do you promote getting fake snap-on veneers to your family and friends?		
Yes	4	26.7
No	10	66.7

Discussion

This study aimed to evaluate the knowledge and perceptions regarding the use of fake snap-on veneers among a sample of Saudi residents. Most surveyed participants showed moderate awareness about fake snap-on veneers, with social media being the primary source of information. This reveals the effects of social media on dental health practices. These findings are similar to the results of a review studying the effect of social media on patients' decisions regarding treatment,¹¹ and several studies have reported that social media significantly influences healthcare.^{12–14} However, refraining from using a fake snap-on veneer due to the fear of damaging the teeth and using fake esthetics shows a cautious attitude.

The differences in awareness of fake snap-on veneers by sex and age may reflect different esthetic objectives or access to information across these demographics. Younger individuals and women showing higher awareness could be attributed to peer influences or societal beauty standards, which is a trend observed in cosmetic dental treatments.¹⁵ Studies have shown that women have better oral health literacy and engagement in oral health behaviors than men.¹⁶ These differences highlight the need for sex-specific strategies to address this inequality.

Regional variations in the intention to use fake snap-on veneers raise questions about possible cultural or socio-economic influences on the attitude toward and perceptions of these dental devices. Further research could help tailor public health interventions and educational campaigns to the specific needs and perceptions of different communities.

Furthermore, the inverse relationship between age and intention to use, as well as the direct relationship with income, although not statistically significant, may indicate that socioeconomic variables influence the acceptance and utilization of fake snap-on veneers. A previous study revealed that income is an important factor in access to dental care, with an increase in utilization of dental health services from 47.3 to 91.4% as income increased.¹⁷

Despite the small number of users of fake snap-on veneers in our sample, their feedback and experiences provided valuable insights. More than half of them were dissatisfied, and the majority experienced side effects, highlighting significant concerns with the use of fake veneers. The reported dissatisfaction and adverse effects underscore the need for a thorough evaluation of the drawbacks of fake snap-on veneers. If this appliance is crafted after proper planning in a dental office, its drawbacks can be significantly reduced. The CAD/CAM diagnostic esthetic functional splint, a tooth-colored removable device, can be considered valuable for pretreatment or as a definitive restorative option because it shows promising indications in specific clinical situations.¹⁸ Furthermore, these insights may be helpful for potential users and dental professionals to understand the implications and make informed decisions regarding the usage of such dental appliances.

With proper planning in a dental office, the drawbacks of this appliance can be minimized, as esthetic treatments must be tailored to each individual. The issue with non-customized snap-on appliances is that they often fit poorly, leading to plaque buildup, caries, and gum issues. It's crucial that such treatments are performed in-office by a specialized dentist rather than attempting a DIY approach. While it may cost more, investing in professional care ultimately helps preserve the patient's teeth.

To the best of our knowledge, this is the first study to evaluate the general population's perception, knowledge, and use of fake snap-on veneers as a cosmetic dental solution. This study had some limitations. First, owing to its cross-sectional nature, we were unable to follow up with the users to determine the actual effect of fake snap-on veneers on dentition. Second, we used a non-probability sampling technique, which limited the generalizability of the results. Finally, the small number of users affected the significance of the results.

Conclusion

This study reveals important insights into the knowledge, perceptions, and experiences surrounding the use of fake snap-on veneers. While more than half of the participants were aware of these products, the majority expressed concerns about their potential harm to oral health. Most individuals reported no intention to use these veneers, citing concerns about damaging their teeth and their unaesthetic look. The majority of users expressed dissatisfaction with these products, with many experiencing side effects like tooth sensitivity, dental caries, discomfort and improper fit.

These findings highlight the need for strict regulations, public awareness campaigns, and dental healthcare providers to ensure well-being and the ability to make informed decisions regarding the use of fake snap-on veneers. In addition, it underscores the importance of consulting dental professionals for safe and effective cosmetic treatments.

Disclosure

The authors report no conflicts of interest in this work.

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