

DENTISTRY OF PALO ALTO

ELLIOT SINGER DMD | MARC TULLY DMD

INFORMED CONSENT AND AGREEMENT - COMPOSITE (TOOTH-COLORED) FILLINGS

We are recommending a composite (tooth-colored) filling. Fillings are used to protect a sensitive surface of the tooth, to replace tooth structure, relieve pain, cover an eroded area and fill a hole or space in the tooth structure. Composite fillings are made of resin and have an advantage of allowing a more “conservative” tooth preparation, can have a strengthening effect on the tooth, have improved aesthetics and virtually blend in with the natural tooth.

You should be aware that any restorative treatment has limitations, inconveniences, and potential risks that you should consider before undergoing treatment. Be sure to ask about anything that you do not completely understand, and make sure that you know exactly what is required of you as the patient (or as the parent/guardian of a patient) during treatment.

Procedure

Restoration of a tooth with a composite filling requires removal of decay and the space created is replaced with a resin composite material. This procedure may require local anesthesia if the decay is extensive and encroaches onto the pulp (nerve).

- I understand that care must be exercised in chewing after the placement of fillings, especially during the first 24 hours, to avoid breakage.
- I understand that a more extensive filling that was originally diagnosed may be required due to additional decay present at the time of treatment.
- I understand that following a filling, there may be temporary lasting sensitivity of the tooth. If the sensitivity continues for an extended period of time, I will notify my dentist as this can be a sign of more serious problems.
- I understand that during the preparation for a filling, the removal of tooth structure may lead to exposure or trauma to underlying nerve or pulp tissue. Extreme sensitivity or possible abscess often indicate that the pulp did not heal. If that is the case, endodontic treatment or extraction may be required.
- I understand that fillings can become dislodged or fractured with extreme masticatory (chewing) pressures or other traumatic forces.
- I understand that the resin-enamel bond that adheres the filling material to the tooth structure can also fail resulting in leakage and recurrent decay.
- I understand that delaying treatment may cause harm, the dental disease may progress, further damage to teeth may occur and swelling and infection may occur creating additional treatment and associated expenses.
- I understand that I may receive a local anesthetic and/or other medication for treatment. In rare instances, patients may have a reaction to the anesthetic, which could require emergency medical attention, or find that it reduces their ability to control swallowing. This increases the normal chance of swallowing foreign objects during treatment. Depending on the anesthesia and medications administered, I may need a designated driver to take me home. Rarely, temporary or permanent nerve injury can result from an injection.
- I understand that all medications have the potential for accompanying risks, side effects, and drug interactions. Therefore, it is critical that I tell my dentist of all the medications I am currently taking.
- I understand that every reasonable effort will be made to ensure the success of my treatment. There is a risk that the procedure will not save the tooth.
- I understand that if **no treatment** is performed, I may continue to experience symptoms which may increase in severity, and my tooth may continue to deteriorate.

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Patient Name: _____ Date: _____

Diagnosis/Condition: _____

No guarantee or assurance has been given to me by anyone that the proposed treatment will cure or improve all of my dental conditions. I have read and I understand the information set forth in this consent agreement. I have had my questions answered to my satisfaction.

- I give my consent for the proposed treatment as described above.
- I refuse to give my consent for the proposed treatment as described above and I understand the potential consequences associated with this refusal.

Patient's Signature

Date

I attest that I have discussed the risks, benefits, consequences, and alternatives to composite fillings with the patient, who has had the opportunity to ask questions. I believe my patient understands what has been discussed and explained.

Dentist's Name

Dentist's Signature

Date

Witness's Name

Witness's Signature

Date