

## Consent for Composite Fillings

### What is a composite filling and what are its benefits?

When a tooth has sustained a small localized area of decay or breakage, it can be repaired by a number of restorative options such as amalgam ("silver filling"), gold or porcelain inlay, or composite. Composite is a white or tooth-colored material that when used with an adhesive agent can bond to a tooth. By placing a composite filling a damaged tooth can be repaired with the intent to regain function and to some degree esthetics.

### What are its risks?

1. **Sensitivity of Teeth:** Often after preparation of teeth for the placement of any restoration, the prepared teeth may exhibit sensitivity. The sensitivity may be mild to severe. The sensitivity may last only for a short period of time or may last for much longer periods of time. If such sensitivity is persistent or lasts for much extended periods of time, I agree to notify the dentist as this may be a sign of more serious problems.
2. **Risk of Fracture:** Inherent in the placement or replacement of any restoration is the possibility of the creation of small fracture lines in tooth structure. Sometimes these fractures may not be apparent at the time of removal of tooth structure and/or the previous filling and placement or replacement, but may manifest at a later time.
3. **Need for Root Canal:** Teeth after being filled may develop a condition known as pulpitis or pulpal degeneration. This happens approximately 5% of the time. Every effort is made by the dentist to reduce this from happening, but since teeth contain vital tissue the pulp may become irreversibly inflamed. This may even occur when the tooth had no previous history of being sensitive. Should a root canal become necessary the procedure and its fees are the responsibility of the patient.
4. **Esthetics or Appearance:** Effort will be made to closely approximate the natural tooth color. However, since a synthetic material is being used to replace natural enamel and dentin, there may not be an exact match. Also, over a period of time, the composite fillings, because of mouth fluids, different foods eaten, smoking, etc. may cause the shade to change. The dentist has no control over these factors.
5. **Breakage, dislodgment or bond failure:** Due to biting pressures or other traumatic forces, it is possible for composite resin fillings or esthetic restorations bonded with composite resins to be dislodged or fractured. The resin-enamel bond may fail, resulting in leakage and recurrent decay. The dentist has no control over these factors.
6. **New Technology and Health Issues:** Composite resin technology continues to advance but some materials yield disappointing results over time and some fillings may have to be replaced by better, improved materials. Some patients believe that having metal fillings replaced with composite fillings will improve their general health. This notion has not been proven scientifically and there are no promises or guarantees that the removal of silver fillings and the subsequent replacement with composite fillings will improve, alleviate, or prevent any current or future health condition.

### What are my alternatives?

As stated above other filling materials exist such as amalgam, gold, or porcelain. They too have benefits and risks. As always, choosing not to have treatment is an option but does carry negative consequences such as progressing decay, weakening of tooth structure, future pain and discomfort, packing food, etc.

**INFORMED CONSENT:** I can read and write English and have been given the opportunity to ask any questions regarding the nature and purpose of the proposed treatment and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial

harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired and/or any results from the treatment to be rendered to me. The fee(s) for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize the doctors and staff at Cross Timbers Dental involved in rendering any services they deem necessary or advisable to treatment of my dental conditions, including the administration and/or prescribing of any anesthetic agents and/or medications.

**Anesthetic:** The use of local anesthetic is used for pain control during dental procedures. There are inherent risks and side effects. They include, but not limited to: swelling, bruising, soreness, elevated blood pressure or pulse, allergic reaction, and altered sensation that may lead to self-injury. Partial or complete numbness may linger after the dental appointment. In rare cases it can last for an extended time and potentially it can be permanent.

**Medications:** Any medications dispensed or prescribed are the patient's responsibility to understand before taking. Medication inserts are available from our office upon request. Particular attention should be given to possible allergic reactions, drug interactions with current medications and their specific side effects.

**Guarantees:** The practice of dentistry is not an exact science and no procedure is 100% successful. The doctors and/or staff at Cross Timbers Dental have made no guarantees of a successful outcome.

**Notifications:** If a patient develops a problem it is the patient's responsibility to notify the doctors and/or staff of Cross Timbers Dental. Through this notification we will be able to act on the patient's behalf. Attempts to correct a problem may occur at our office or a referral to another health care practitioner may be warranted.

Patient's name (please print) \_\_\_\_\_

Signature of patient/legal guardian \_\_\_\_\_

Date \_\_\_\_\_