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DISCUSSION & INFORMED CONSENT FOR INLAY(S)/ONLAY(S) **Rev 03/2018**

I understand that by signing below I am authorizing the procedure(s) to be performed and I have read and understand the entirety of this form, including the possible risks and complications of the chosen procedure(s) and the available alternatives.

INDIRECT (LABORATORY MADE):

Inlays are typically used for a large restoration that fills the space between the cusps, high points, or rounded edges, at the center of the tooth's surface or biting surface.

Onlays are a larger restoration that typically includes one or more cusps of the tooth, which are high points, or provides full coverage of the biting surface. An onlay is very similar to a three-quarter crown.

IMPORTANT INFORMATION:

Restoration of a tooth with a inlay/onlay may require two phases: 1) preparation of the tooth, making an impression or mold (which is used for fabrication of the final restoration), sending that mold to a dental lab, then construction and temporary cementation of a temporary (interim) inlay/onlay or in some cases the use of CAD-CAM (computer-aided scanning of the dental arch and teeth). This option may not require a temporary placement and 2) removal of the temporary (interim) inlay/onlay, (if required) adjustment and cementation of the permanent restoration after aesthetics and function have been verified and accepted.

Once a temporary (interim) restoration has been placed, it is essential to return to have the permanent restoration placed as the temporary restoration does not function as well as the permanent inlay/onlay. If the temporary breaks or comes loose or if the tooth is uncomfortable, this should be reported to the dentist immediately. Failing to replace the temporary (interim) restoration with the permanent restoration could lead to decay, gum disease, infections, problems with my bite and loss of the tooth/teeth. In the event CAD-CAM inlays/onlays are fabricated, a temporary restoration may not be utilized.

BENEFITS OF INLAY(S)/ONLAY(S) NOT LIMITED TO THE FOLLOWING:

I understand that a reasonable aesthetic appearance may be achieved. It establishes an occlusal or "chewing" surface with opposing teeth. An inlay/onlay is typically used to strengthen and restore a tooth damaged by decay, fracture or previous fillings (restorations). It can also serve to improve tooth contours and the way your teeth fit together.

RISKS OF INLAY(S)/ONLAY(S) NOT LIMITED TO THE FOLLOWING:

I understand that preparing a tooth for an inlay/onlay may further irritate the nerve tissue (called the pulp) in

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the center of the tooth, leaving my tooth feeling sensitive to heat, cold or pressure. Such sensitive teeth may require additional treatment including endodontic or root canal treatment.

I understand that holding my mouth open during treatment may temporarily leave my jaw feeling stiff and sore and may make it difficult for me to open wide for several days, sometimes referred to as trismus. However, this can occasionally be an indication of a most significant condition or problem. In the event this occurs, I must notify this office if I experience persistent trismus or other similar concerns arise.

I understand that an inlay/onlay may alter the way my teeth fit together and make my jaw joint feel sore. This may require adjusting my bite by altering the biting surface of the restoration, adjacent teeth or opposing teeth.

I understand that all medications in this office have the potential for accompanying risks, side effects and drug interactions. They can cause redness and swelling of the tissues, pain, itching, vomiting and/or anaphylactic shock. I attest that to my knowledge, I have given an accurate report of my physical and mental health history. I have also report any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health.

I understand that I may receive a topical and/or local anesthetic by injection and/or other medication(s). I understand that I may have loss of feeling in my teeth, lips, tongue and surrounding tissue (paresthesia) following injections. In rare instances, patients can have a strong and unpredictable reaction to the anesthetic, which may require emergency medical attention. The medication may affect my ability to control swallowing. This increases the 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 resulting in loss of feeling of the chin, lips, gums, tongue and partial loss of taste can result from an injection.*

I understand there is a risk of aspirating (inhaling) or swallowing the inlay/onlay during treatment.

FOR ALL PATIENTS

I understand that every reasonable effort will be made to ensure the success of my treatment. I further understand that each person and treatment situation is unique, and therefore, no guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the condition(s) listed above.

I understand that during treatment it may be necessary to change or add procedures because of conditions

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found while working on the teeth that were not discovered during examination. The dentist will explain all changes.

I have been given the opportunity to ask questions about Inlay(s) and Onlay(s). I believe that I have sufficient information to give my consent as noted below.

CONSENT

I have been informed, both verbally and by the information provided on this form, of the risks and benefits and alternatives of the proposed treatment. I have been informed, both verbally and by the information provided on this form, of the material risks and benefits of alternative treatment and of electing not to treat my condition. I certify that I have read and understand the above information, that the explanations referred to are understood by me, that my questions have been answered. I authorize and direct the dentist to do whatever he/she deems necessary and advisable under the circumstances. I consent to have treatment performed. While the treatment may be covered by my medical and/or dental insurance, I accept any financial responsibility for this treatment and authorize treatment.

If I am signing for a minor child, I attest that I am the parent and/or a legal guardian or I have the permission of the child's parent and/or a legal guardian (a separate authorization form is required). If I am signing for an adult, I attest that I am a legal guardian and am authorized to make medical and financial decision on patient's behalf.

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