

## DISCUSSION & INFORMED CONSENT FOR FILLING(S)

Rev 07/2019

### FACTS FOR CONSIDERATION

Fillings are used to protect a sensitive surface of the tooth, to replace tooth structure, relieve pain, cover an eroded area and fill in a hole or space in the tooth structure.

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 than originally diagnosed may be required due to additional decay present at the time of treatment. Following a filling, there may be sensitivity of the teeth that can last for a short period of time. If the sensitivity continues, I will notify my dentist as this can be a sign of more serious problems. 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, a root canal treatment or extraction may be required. Because of extreme masticatory (chewing) pressures or other traumatic forces, it is possible for fillings to become dislodged or fracture. 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 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 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 to the oral cavity and face resulting in loss of feeling of the chin, lips, gums, tongue and partial loss of taste can result from an injection.*

I understand that all medications in this office have the potential for accompanying risks, side effects and drug interactions. Therefore, it is critical that I tell my dentist of all medications and supplements I am currently

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taking. 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.

**TYPES OF AVAILABLE FILLINGS:**

Composite (tooth-colored filling): Resin or white fillings 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. Risks involved with a composite filling include, but are not limited to, sensitivity of teeth, risk of fracture lines in the tooth structure, necessity for root canal therapy, injury to the nerves, shade variation of the filling, alteration in speech, breakage, dislodgement or bond failure because of pressures or other traumatic forces.

Amalgam (silver and mercury containing): Mercury has been used for decades as a component of filling material for teeth. In recent years, however, some opponents to the material have asserted that there is a possibility, although unproven, that silver amalgam may have an effect on the general health of a person due to its mercury content. Occasionally shavings generated by placement or carving of silver amalgam fillings may work their way within the surrounding oral tissues and become lodged. Over an extended period, gray spots or "tattoos" may become visible within the mouth.

**I HAVE REVIEWED THE DENTAL MATERIALS FACT SHEET.**

**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 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 Filling(s) and 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

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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 and 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 the above-mentioned treatment. 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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