



## Discussion and Informed Consent for Composite Fillings

### Facts for Consideration/Patient initials required

\_\_\_\_\_ A composite filling is a dental restoration comprised of a synthetic resin material, used to restore function, integrity and morphology of missing tooth structure. The structural loss typically results from caries or external trauma.

### Benefits of Composite Fillings, Not Limited to the Following:

\_\_\_\_\_ Removal of carious tooth structure with minimal amount of enamel and dentin removed as possible.

\_\_\_\_\_ I understand that the treatment of my dentition involving the placement of composite resin fillings, may create a more esthetic appearance than some of the conventional materials that have been used, such as silver amalgam or gold.

\_\_\_\_\_ 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 subsequent replacement with composite fillings will improve, alleviate or prevent any current or future health conditions.

### Risks of Composite Fillings, Not Limited to the Following:

\_\_\_\_\_ I understand that often after preparation of teeth for the placement of any restoration, the prepared teeth may exhibit sensitivity. The sensitivity can be mild to severe. The sensitivity can last only for a short period of time or last for much longer periods of time. If such sensitivity is persistent or lasts for an extended period of time, I will notify the dentist because this can be a sign of more serious problems.

\_\_\_\_\_ I understand that inherent in the placement or replacement of any restoration is the possibility of the creation of small fracture lines in the tooth structure. Sometimes these fractures are not apparent at the time of removal of the tooth structure and/or the previous fillings and placement or replacement, but they can appear at a later time.

\_\_\_\_\_ I understand that when fillings are placed or replaced, the preparation of the teeth often requires the removal of tooth structures adequate to ensure that the diseased or otherwise compromised tooth structure provides sound tooth structure for placement of restoration. At times, this may lead to exposure or trauma to underlying pulp tissue. Should the pulp not heal, which often is exhibited by extreme sensitivity or possible abscess, root canal treatment or extraction may be required.

\_\_\_\_\_ I understand that when a composite filling is placed, effort will be made to closely approximate the appearance of natural tooth color. However, because many factors affect the shades of teeth, it may not be possible to exactly match the tooth coloration. Also, the shade of the composite fillings can change over time because of a variety of factors including mouth fluids, foods, smoking, etc, which Dr. Mark Poitras has no control over.

\_\_\_\_\_ I understand that because of extreme masticatory (chewing) 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 can fail, resulting in leakage and recurrent decay, which Dr. Mark Poitras has no control over.

\_\_\_\_\_ I understand that it is my responsibility to notify this office should any undue or unexpected problems occur or if I experience any problems relating to the treatment rendered or the services performed.

\_\_\_\_\_ 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 medications I am currently taking and any medical conditions I am have. I attest that my medical history is up to date and accurate so that my dentist may ensure my safety during the procedure.

### **Use of Local Anesthesia**

\_\_\_\_\_ Anesthetizing agents (medications) are injected into a small area with the intent of numbing the area to receive dental treatment. They also can be injected near a nerve to act as a nerve block causing numbness to a larger area of the mouth beyond just the site of injection.

\_\_\_\_\_ Risks include but are not limited to: It is normal for the numbness to take time to wear off after treatment, usually four to six hours. This can vary depending on the type of medication used. However, in some cases, it can take longer, and in some rare cases, the numbness can be permanent if the nerve is injured. Infection, swelling, allergic reactions, discoloration, headache, tenderness at the needle site, dizziness, nausea, vomiting, and cheek, tongue, or lip biting can occur.

\_\_\_\_\_ Potential benefits: The patient remains awake and can respond to directions and questions. Pain is lessened or eliminated during the dental treatment.

\_\_\_\_\_ For ALL female patients: Because anesthetics, medications and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion, every female must inform the provider if she could be or is pregnant. Anesthetics, medications and drugs may affect the behavior of a nursing baby. In either of these situations, the anesthesia and treatment may be postponed.

### **Consequences if No Treatment is Administered; Not Limited to the Following:**

\_\_\_\_\_ I understand that if no treatment is performed, I may continue to experience symptoms which may increase in severity, and could lead to decay, gum disease, infections, problems with my bite, and loss of the tooth/teeth.

**Alternative Treatments if a Composite Filling; Not Limited to the Following:**

\_\_\_\_\_ I understand that depending on my diagnosis, alternatives to a composite filling may exist which involve other disciplines in dentistry. I have asked my dentist about the alternatives and associated expenses. My questions have been answered to my satisfaction regarding the procedures, its risks, benefits, alternatives and cost.

No guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the conditions listed above.

Initial only one of the spaces below that applies to you:

\_\_\_\_\_ I have had my questions answered to my satisfaction. I consent to have Dr. Mark Poitras perform the treatment as discussed. I authorize and direct this dentist, with his associates, to do whatever they deem necessary and advisable under the circumstances.

Or

\_\_\_\_\_ I refuse to give my consent for the proposed treatments(s) as described above and understand the potential for consequences associated with this refusal.

\_\_\_\_\_  
Patients Signature (or Patient's Representative)      Date

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Patients Signature (or Patient's Representative)      Date

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Patients Signature (or Patient's Representative)      Date

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Patients Signature (or Patient's Representative)      Date

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Patients Signature (or Patient's Representative)      Date