

COMPOSITE FILLING

I understand the treatment of my dentition involving a placement of composite resin fillings which may be more aesthetic in appearance than some of conventional materials which have been traditionally used, such as silver amalgam or gold may entail certain risk. There is also possibility of failure to achieve then results which may be desired or expected. I agree to assume those risks which may occur even though care and diligence will be exercises by my treating dentist in rendering the treatment. This risk includes possible unsuccessful and/or failure which are associated with, but not limited to the following:

- Sensitivity of teeth: often after preparation of any restoration teeth may exhibit sensitivity. The sensitivity may last only for a short period of time or may last for much longer period of time. If such sensitivity is persistent or last for much extended period of time, I agree to notify the dentist in as much as this may be a sign of more serious problems.
- Risk of fracture: inherent in the placement 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 ma manifest at a later time.
- Necessity of root canal treatment: when the filling are placed or replaced, the preparation of teeth for fillings often demands the removal of tooth structure adequate to insure that the diseases or otherwise compromise tooth structure provides sound tooth structure for placement of restoration. At times, this may lead to exposure of trauma to underlying pulp tissue, Should the pulp not heal, which often times is exhibited by extreme sensitivity or possible abscess, root canal treatment or extraction may be required.
- Injury in the nerves: there is a possibility of injury to the nerve of the lips, jaws, teeth, tongue, or other oral or facial tissues from and dental treatment, particularly those involving the administration of local anesthetics. The resulting numbness which may occur is usually temporary, but in rare instances, could be permanent.
- Aesthetes or appearance: effort will be made t closely approximate the natural tooth color. However due to other fact that there are many factors which affect the shades of teeth, it may not be possible to exactly match the teeth coloration. Also, over a period of time, the composite filling, because of mouth fluid different food eaten, smoking, etc., may cause the shade to change. The dentist has no control over these factors.
- Breakage, dislodgement or bond failure: due to extreme masticatory pressure or other traumatic forces, it is possible for composite fillings to resin fillings or aesthesia restorations bonded with composite resin to be dislodged or fractured. The resin enamel bond any fill, resulting in leakage recurrent decay. The dentist has no control over these factors.
- 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 health. This notion has not been proven scientifically and there are no promises or guarantee that the removal of silver fillings and the subsequent replacement with composites fillings will improve, alleviate, or prevent any current or future health conditions.

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

INFORMED CONSENT: I have been given the opportunity to ask questions regarding the nature and purpose of composite fillings and have received answers to my satisfaction. I do voluntarily assume any and all possible risks 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 fees for this service have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize Dr. Tyszkowski and all associates involved in rendering any services she deems necessary or advisable to treatment of any dental conditions, including the administration and/or prescribing of any anesthetic agents and/or medications.

Patient's name (please print)

Patient's signature

Date