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INFORMED CONSENT DISCUSSION FOR FILLING(S):

Patient Name: _____ Date of Birth: _____

DIAGNOSIS: _____

Facts for Consideration

(Patient's Initials Required)

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

Risks of Filling(s), Not Limited to the Following:

_____ **I understand** that care must be exercised in chewing after the placement of the 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.

_____ **I understand** that 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 I will receive **local anesthetic and/or medication**. In rare instances patients may have a reaction to the anesthetic, which may require emergency medical attention, or find that it reduces their 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 can result from an injection.

_____ **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. However, this can occasionally be an indication of a further problem. **I must notify your office** if this or other concerns arise.

_____ **I understand** that fillings may not relieve my symptoms, and I may need my tooth extracted.

_____ **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 which are:

_____ **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 although it is impossible to guarantee perfect results, every reasonable effort will be made to ensure the success of my treatment.

Types of Available Fillings:

(Please check the appropriate box)

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 for 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.**

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 could include pain and/or infection, deterioration on the bone surrounding my teeth, changes to my bite, discomfort in my jaw joint, and possibly the premature loss of other teeth.

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 give my consent for the extraction of tooth number(s) _____ as described by Dr. _____.

I refuse to give my consent for the proposed treatment as described above.

I have been informed of and accept the consequences if no treatment is administered.

Patient / Representative Name and Signature

Date

Witness Signature

Date

FOR DENTIST USE ONLY:

I attest that I have discussed the risks, benefits, consequences, and alternatives to Fillings with:

_____ (patient name) who has had the opportunity to ask questions, and I believe my patient understand what has been explained.

Dentist Signature

Date