

## Composite Filling (Tooth colored Filling)

### Patient Information and Consent Form

Dr. Karla Macias-Diaz

I understand that the treatment of my dentition involving the placement of composite resin fillings, which may be more aesthetic in appearance than some of the conventional materials that have been traditionally used, such as silver amalgam or gold, may entail certain risks. There is the possibility of failure to achieve the desired or expected results.

I agree to assume those risks that may occur, even if care and diligence is exercised by my treating dentist in rendering this treatment. These risks include possible unsuccessful results and/or failure of the filling associated with, but not limited to, the following:

1. **Sensitivity of teeth** Often after preparation of teeth for the placement of any restoration, the prepared teeth may exhibit sensitivity. The sensitivity can be mild or 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.

2. **Risk of fracture** 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.

3. **Necessity for root canal therapy** 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 the 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.

4. **Local Anesthesia:** I agree to the type of anesthesia, depending on the choice of the doctor. I understand the risk of the anesthesia, including but not limited to, allergy to the anesthetic and broken needle. I understand that pain, bruising and occasional temporary or sometimes permanent numbness in lips, cheeks, tongue or associated facial structures can occur with "Shots" (local anesthesia). About 90% of these cases resolve themselves in less than 8 weeks. Although very rarely needed, a referral to specialist for evaluation and possible treatment may be needed if the symptoms do not resolve. I consent my dentist to give me anesthesia anytime it is needed.

5. **Aesthetics or appearance** 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. The dentist has no control over these factors.

6. **Breakage, dislodgement or bond failure** Because of extreme masticatory (chewing) pressures or other traumatic forces, it is possible for composite resin fillings or aesthetic restorations bonded with composite resins, to be dislodged or fractured. The resin-enamel bond can fail, resulting in leakage and recurrent decay. The dentist has no control over these factors.

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 have been given the opportunity to ask any questions regarding the nature and purpose of composite fillings and have received answers to my satisfaction.

I voluntarily accept any and all possible risks, including the risk of substantial harm, if any, that may be associated with any phase of this treatment in hopes of obtaining the desired outcome. By signing this document, I authorize Dr. Macias and /or his/her associates to render any services deemed necessary or advisable in the treatment of my dental condition, including the prescribing and administration of any medically necessary anesthetic agents and/or medications.

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Signature of Patient or legal guardian If the patient is unable to sign or is a minor.