

# COMPOSITE BONDING TREATMENT CONSENT FORM

## 1. Introduction

I understand that composite bonding treatment may entail certain risks and possible unsuccessful results, with even the possibility of failure to achieve the results which may be desired or expected. My treatment choices have been outlined by my dentist, and are available upon request. This information has been given to me so that I can make an informed decision about having my composite bonding treatment. I understand that I have the right to ask any questions about any part of the procedure before, during or after undergoing this treatment.

## 2. Risks of treatment

I am signing this consent form to say that I understand and accept the following risks involved:

### i). Sensitivity of teeth

- Even though there is usually no sensitivity, this treatment may cause my teeth to become sensitive. This sensitivity may last only for a short period of time or may last for much longer periods. If sensitivity is persistent, I should notify the dentist so that the cause of the sensitivity may be diagnosed.

### ii). Aesthetics and appearance

- Every effort possible will be made to match and coordinate both the form and shade of the bonding which will be placed in order to be cosmetically pleasing to me. However, there are some differences that may exist between the natural dentition and the materials which are artificial, making it impossible to have the shade and/or form which I desire or expect.
- I will be given the opportunity to observe the appearance of the composite bonding in my mouth following the procedure. If satisfactory, this fact will be acknowledged and recorded. I can be involved in the shade taking along with the dentist prior to commencing treatment. Further charges may apply for alterations made to my composite bonding.

### iii). Reduction or roughening of tooth structure

- In preparing my teeth for composite bonding, it is necessary to slightly reduce or roughen the surface of the tooth to which the material may be bonded. This preparation will be done as conservatively as possible. If the bonding breaks or comes off, the uncovered tooth may become more susceptible to tooth decay. Treatment may then be required for this at an additional cost.

### iv). Longevity.

- It is impossible to predict the length of time that bonding will last for. These time periods will vary from a very short time to a very long time depending on many conditions existing from patient to patient, and/or on each patients' individual habits or circumstances. Additionally, general health, good oral hygiene, regular dental check-ups, diet etc can affect longevity. I understand that composite bonding discolours, and this is dependent on diet, hygiene, and the rate of staining of my teeth. Because of this, no guarantees can be made or assumed to be made to me concerning how long composite bonding will last.



v) Uncomfortable or strange feeling.

- This may occur because of the differences between my natural teeth and the artificial composite applied. Most patients usually become accustomed to this feeling in time.

### 3. Patient responsibilities

It is my responsibility to seek attention from the dentist should any undue or unexpected problems occur. I must diligently follow any and all instructions, including the scheduling and attending of all appointments.

### 4. Patient Statement

The composite bonding procedure has been explained to me in full including the risks and complications. I have had the opportunity to ask any questions I have regarding the treatment, and have received answers to my satisfaction.

I have read and understood this consent form and I also understand the treatment process in full. I also consent to photographs of my teeth being taken and that they may be used for documentation and illustration of my treatment. I agree to have the composite bonding treatment.