

# TOOTH-COLOURED (COMPOSITE) FILLING TREATMENT CONSENT FORM

## 1. Introduction

This information has been given to me so that I can make an informed decision about having a tooth-coloured (composite) filling applied to my tooth/teeth at Hampton Dental Care. I understand that I have the right to ask any questions about any part of the procedure before, during or after undergoing the composite filling procedure.

A composite filling is a restorative option when a tooth has sustained decay or breakage. Composite is a tooth-coloured material that when used with an adhesive agent can bond to a tooth. Existing fillings can be replaced if they are broken or decay has formed beneath them. A patient may like to change their existing silver (amalgam) fillings with more aesthetic looking composite fillings, to improve the appearance of the tooth.

I understand that this treatment involving the placing of composite resin (white fillings), which may be more aesthetic in appearance than other materials used, such as silver (amalgam) or gold, may entail certain risks.

## 2. Risks of treatment

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

### i). Aesthetics and appearance.

- Effort will be made to closely approximate the natural tooth colour. However, because there are many factors, which may affect the shades of teeth, it may not be possible to exactly match the tooth colouration.
- Over time, the composite fillings, because of mouth fluids, different foods eaten, smoking etc. may change colour. The dentist has no control over these factors.

### ii). Tooth sensitivity or pain.

- Often, after preparation of teeth for the placement of any restoration, the prepared tooth 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, I will notify the dentist because this can be a sign of more serious problems.

### iii). 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 previous fillings and placement or replacement, but they can appear later.

### iv). Injury to the nerves.

- In any type of dental work, there is a possibility of injury to the nerves of the lips, jaws, teeth, tongue, or other oral facial tissues from any dental treatment, particularly those involving the administration of local anesthetics. The resulting numbness which could occur is temporary, but in rare instances could be permanent.

v). Future treatment.

- When any type of fillings are placed or replaced, the preparation of the teeth for fillings often necessitates the removal of tooth structure adequate to insure that the diseased or otherwise compromised tooth structure provides sound tooth structure for placement of the restoration. At times, this may lead to exposure of, 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. If any future treatment is required, extra charges will apply.
- Failure of the filling or underlying tooth structure may necessitate the requirement for a crown or even extraction. This is especially true if there was a previous filling in the tooth, and if the size of the filling/decay means that complete removal of the old filling or decay is difficult. If a crown/veneer or extraction/bridge/implant is subsequently required then extra charges will apply.

vi). Breakage, dislodgment or bond failure.

- Due to extreme chewing pressures or other traumatic forces, it is possible for fillings to be dislodged or fractured resulting in leakage and recurring decay. The dentist has no control over these factors.

vii). Longevity of fillings.

- There are many variables that determine “how long” fillings can be expected to last. Among these are some of the factors mentioned in preceding paragraphs. In addition, general health, good oral hygiene, regular dental checkups, diet etc., can affect longevity. Because of this, no guarantees can be made or assumed to be made concerning how long fillings will last.

viii). Possible complications of treatment.

I understand and accept that possible complications of treatment include, but are not limited to the following:

- Procedural difficulties during treatment.
- Swelling, soreness, infection, trismus, paresthesia, or discolouration of the adjacent soft or hard tissues.
- Fractures of the crown or root of the tooth or restoration.
- Complications following local anaesthetic injection: hematoma, paraesthesia, allergy, increased heart rate etc.
- Additional unknown or unspecified problems, the explanation and the responsibility for which cannot be given or assumed.

### 3. Alternative treatments

As stated above, alternative filling materials can be used. Alternatively, I understand that not having treatment is an option, but that this may result in future negative consequences including, but not limited to, progressing decay, weakening of tooth structure, future pain and discomfort, packing food, space-loss, and/or the need for more extensive treatment.

### 4. Patient Statement

I understand and accept the following:

- The procedure of this/these composite filling(s) including the risks and complications. I have had the opportunity to ask any questions I have regarding the treatment. My questions have been answered to my complete satisfaction.



- All options for treatment as outlined above.
- Any significant risks and problems specific to me, and the likely outcomes if complications occur as well as the other relevant treatment options and the risks of not having the procedure.
- The options for anaesthesia (local, sedation, general) and problems specific to each choice, and the likely outcomes if complications occur.
- The options for referral to a specialist for treatment or simply for a second opinion.
- I have been given the option of waiting before I decide on this treatment
- I understand that other dental procedures may be done if further dental disease is found during the procedure, or to correct other problems in my mouth. I understand any further treatment will carry additional charges.
- I understand that no guarantee has been made that the procedure will improve the condition and may even make my condition worse.
- I have read and understood this consent form and I also understand the treatment process in full. I agree to have the composite filling treatment.