



CONSENT FOR COMPOSITE RESIN RESTORATIONS

I hereby authorize the doctors at Thrive Dental & Orthodontics, along with their staff, to perform composite resin restoration(s), composite fillings, for me or my dependent on tooth number(s): _____

I understand that the placement of composite resin restorations involves the removal of existing tooth decay and replacement of compromised tooth structure with a white filling material which may be more aesthetic in appearance than some of the conventional materials traditionally used, such as silver amalgam or gold. This procedure may also be effective in correcting certain cosmetic issues, such as in the repair of fractured teeth or the masking of discolored teeth. Even though care and diligence will be exercised by my treating dentist, there are inherent risks associated with any procedure. I agree to assume those risks, including possible unsuccessful results and/or failure which are associated with, but not limited to the following:

1. **Sensitivity of teeth:** After preparation of teeth for placement of any restoration, the prepared teeth may exhibit sensitivity. This sensitivity may be mild to severe and may last for a short period of time or may last for much longer. If sensitivity is persistent or lasts for extended periods of time, the patient must notify the dentist, as this may be a sign of more serious problems.
2. **Risk of fracture:**
 - **Tooth:** Inherent in the placement or replacement of any restoration is the possibility to create small fracture lines in tooth structure. Sometimes, these fractures may not be detected at the time of treatment, but may manifest at a later time. The dentist has no control over these factors.
 - **Restoration:** Due to extreme masticatory pressures or other traumatic forces, it is possible for composite resin fillings or aesthetic bonded restorations to be dislodged or fractured. The resin-enamel bond may fail, resulting in leakage and recurrent decay. The dentist has no control over these factors.
3. **Adjacent Damage:** Damage to existing fillings, crowns, bridges, veneers, or natural teeth can occur necessitating placement or replacement of a restoration. Tissue laceration or abrasion may require sutures (stitches). Stretching of the corners of the mouth can result in cracking and bruising of the lips and/or tissue around the mouth.
4. **Aesthetics or appearance:** Effort will be made to closely approximate the natural tooth color; however, due to the fact that there are many factors which affect the shades of teeth, it may not be possible to exactly match the tooth coloration. Additionally, over a period of time, the fluids of the mouth, different foods/drinks consumed, smoking, etc. may cause the color of the composite restoration to change.

Initials _____

5. **Necessity for root canal treatment:** When fillings are placed or replaced, the preparation of the teeth necessitates the removal of all decay and inadequate tooth structure to ensure that the diseased or compromised tooth provides sound support for placement of the restoration. At times, this may lead to exposure or trauma to pulp tissue. Should the pulp not heal, which often is exhibited by extreme sensitivity or possible abscess, root canal treatment or extraction is required.

6. **Nerve Injury:** Injury to the nerves, although infrequent, can cause numbness (anesthesia), tingling/burning (paresthesia), or altered sensation in the teeth, lip, tongue, chin, and the tissues in the floor of the mouth. This change in sensation may be temporary lasting a few days to a few months, or could possibly be permanent.

7. **Muscle or jaw pain and soreness:** Swelling, discomfort and/or bruising may be noticed following dental treatment. Pre-existing TMJ (jaw joint) conditions may be aggravated by dental treatment. Clicking, popping, muscle soreness, and difficulty opening (trismus) may be noticed following treatment. If symptoms persist, the patient should contact the office. The patient must notify the doctor of any pre-existing conditions prior to treatment.

8. **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 general health, but this notion has not been scientifically proven and there are no promises or guarantees that the removal of silver fillings and the subsequent replacement with composite fillings will improve, alleviate, or prevent any current or future health condition.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of composite resin restorations, and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any. No guarantees or promises have been made to me concerning the results of treatment to be rendered to me. The fees for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize the doctors at Thrive Dental & Orthodontics to render any treatment necessary or advisable to mine or my dependent's dental conditions.

Patient's Name (please print)

Signature of Patient, Legal Guardian, or Authorized Representative

Date

Witness' Signature

Date