

Innovative Dentistry
Informed Consent for Composite Restorations
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I _____, give Dr. Catalano permission to place composite fillings on teeth _____.

I _____, understand the treatment of my dentition involving the placement of composite resin fillings may entail certain risks. There is also the possibility of failure to achieve the results which may be desired or expected. I agree to assume those risks which may occur even though care and diligence will be exercised by Dr. Catalano in rendering this treatment. These risks include possible unsuccessful results and/or failure which are associated with, but not limited to the following:

Sensitivity of Teeth: Often after the preparation of teeth for the placement of restoration, the prepared teeth may exhibit sensitivity. This sensitivity may be mild to severe. This sensitivity may last for only a short period of time or may last for a much longer period of time. If such sensitivity persists or lasts for an extended period of time, I agree to notify the dentist as this may be a sign of high occlusion or much more serious problems. This may result in the need for additional treatment including but not limited to an indirect pulp cap, root canal therapy or extraction.

Risk of Fracture: Inherent in the placement or replacement of any restoration is the possibility of small fracture lines in the tooth structure. Sometimes these fractures may not be apparent at the time of removal of the tooth structure and/or the previous filling and placement or replacement but may manifest at a later time. This may result in the need for additional treatment including but not limited to root canal therapy and crown or possible extraction.

Necessity of Root Canal Therapy: When fillings are placed or replaced the preparation of the teeth for fillings often necessitates the removal of tooth structure to insure the complete removal of the diseased compromised tooth structure. This exposes sound tooth structure for the placement of the restoration. At times, this may lead to exposure of trauma to the underlying pulp tissue. Should the pulp not heal which oftentimes is exhibited by extreme sensitivity or possible abscess, root canal therapy or extraction may be required. If root canal therapy is required, a crown may be necessary.

Breakage, Dislodgement, or Bond Failure: Due to extreme biting pressure or traumatic forces, it is possible for composite fillings or aesthetic 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.

New Technology and Health Issues: Composite resin technology continues to advance but some material yields 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. This notion has not been proven scientifically and there are no promises or guarantees that the removal of silver fillings and the subsequent placement of composite fillings will improve, alleviate, or prevent any current or future health conditions.

Risk Factors: Epinephrine(EPI) can cause increased heart rate, normal when receiving and injection, it should subside in 15 minutes. Anterior injections can hit the nerve artery and cause a minor bloody nose.

I understand it is my responsibility to notify this office should any undue or unexpected problems occur or if I experience any problems relation to the treatment rendered or the services performed.

INFORMED CONSENT: 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 do voluntarily assume any and all possible risks, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired and/or any satisfactory results. By signing this form, I am freely giving my consent to authorize Dr. Catalano, DMD. and all assistants involved in rendering any services necessary or advisable to treatment of my dental conditions, including the administration and/or prescribing of any anesthetic and/or medications.

Consequences if no Treatment is Administered, are Not Limited to the following: I understand that if no treatment is performed, I may continue to experience symptoms which may increase in severity, and the cosmetic appearance of my teeth may continue to deteriorate.

Alternatives to Composite fillings are Not Limited to the following: I understand depending on the reason I have a crown placed, alternatives may exist. I have asked my dentist about their respective expenses. My questions have been answered to my satisfaction regarding the procedures and their risks, benefits, and costs.

Patient or Guardian Signature **Witness Signature** **Date**