Tots N' Teens Pediatric Dental Specialist

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Consent for Composite (White) Fillings

Patient's name

What is a composite filling and what are its benefits?

When a tooth has sustained a small localized area of decay or breakage, it can be repaired by a number of restorative options such as composite. Composite is a white or tooth-colored material that when used with an adhesive agent can bond to a tooth. By placing a composite filling a damaged tooth can be repaired with the intent to regain function and esthetics.

What are its risks?

1. Retreatment or need for a nerve treatment/crown/extraction: After all decay has been removed and a tooth has been fixed with composite, it is the patient's responsibility to brush, floss, and limit frequent sweet and carbohydrate intake, otherwise new decay can form around the completed composite. In this case, the tooth may need to be retreated with a crown, nerve treatment/crown, or even extraction. Financial responsibility of ANY re-treatment is the patient's responsibility.
2. Sensitivity of teeth: Often after preparation of teeth for the placement of any restoration, the prepared teeth may exhibit sensitivity. The sensitivity may be mild to severe. The sensitivity may last only for a short period of time or may last for much longer periods of time. If such sensitivity is persistent or lasts for much extended periods of time, I agree to notify the dentist as this may be a sign of more serious problems.
3. Need for nerve treatment: Teeth after being filled may develop a condition known as pulpitis or pulpal degeneration. This happens approximately 5% of the time. Every effort is made by the dentist to reduce this from happening, but since teeth contain vital tissue the pulp may become irreversibly inflamed. This may even occur when the tooth had no previous history of being sensitive. Should a root canal become necessary the procedure and its fees are the responsibility of the patient.
4. Risk of fracture: Inherent in the placement or replacement of any restoration is the possibility of the creation of small fracture lines in tooth structure. Sometimes these fractures may not be apparent at the time of removal of tooth structure and/or the previous filling and placement or replacement, but may manifest at a later time.
5. Esthetics or appearance: Effort will be made to closely approximate the natural tooth color. However, since a synthetic material is being used to replace natural enamel and dentin, there may not be an exact match. Also, over a period of time, the composite fillings, because of mouth fluids, different foods eaten, etc. may cause the shade to change. The dentist has no control over these factors.
6. Breakage or dislodgment: Due to biting pressures or other traumatic forces, it is possible for composite resin fillings or esthetic restorations bonded with composite resins to be dislodged or fractured.

What are my alternatives?

As stated above other filling materials exist such as crowns. They too have benefits and risks. As always, choosing not to have treatment is an option but does carry negative consequences such as progressing decay, weakening of tooth structure, future pain and discomfort, packing food, space loss, need for more extensive treatment, etc.

I, the undersigned, understand that it is my responsibility to notify this office should any unexpected problems occur or if any problems relating to the treatment rendered are experienced. Routine examinations by the dentist are recommended to allow ongoing assessment of the composite treated tooth.

Informed consent

I have been given the opportunity to ask questions regarding the nature and purpose of composite fillings and have received answers to my satisfaction. I voluntarily undergo this treatment in hopes of achieving the desired results from the treatment rendered though no guarantees have been made regarding the outcome. I hereby assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment. The fee(s) for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize the dentists and staff of Tots N' Teens Pediatric Dental Specialist involved in rendering the services or treatment necessary to the existing dental condition, including the administration and/or prescribing of any anesthetic agents and/or medications.

Patient's name (please print) | Relationship to patient | Date

Signature of parent / legal guardian | Witness to signature | Doctor's signature