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INFORMED CONSENT FOR SINGLE UNIT RESTORATIVE DENTISTRY

Single unit restorative dentistry involves the placement of a one appointment dental restoration (filling). These are placed to repair tooth structure lost to fracture, decay, or abrasion. They may also be placed at the patient's request for cosmetic purposes. There are three broad categories of materials. Variations exist for each material.

1. DENTAL SILVER AMALGAM OR ALLOY

This is a standard and reliable material. It consists of an amalgamation of tin, copper, silver, and mercury. This material is considered long lasting (depending on the size and number of tooth surfaces involved) and cost effective. The appearance is poor and may cause grayness in the remaining enamel. If the patient is uncomfortable with any of the components or has allergies to them (mercury), composite resin will be utilized.

2. COMPOSITE RESIN

This material has undergone multiple improvements over its history. Today the quartz reinforced composite resin provides a very aesthetic choice for patients. Resin is the restoration of choice for anterior (front) teeth. It can be utilized on any tooth. No long term studies exist for the composite resin used today. Ongoing evidence indicates that composite resin provides a long lasting aesthetic restoration. The placement is more time consuming and if a tooth is fractured too far below the gum line, the doctor may not be able to achieve an effective bond. The fee is approximately one third more than a silver alloy.

3. ALTERNATIVE MATERIALS

Cast gold or porcelain may also be utilized. These materials provide the most long lasting and, in the case of porcelain, most aesthetic restorations. This is a two-appointment procedure. The fee is the same as the fee for crowns. These choices may be discussed fully at the patient's request.

FOR ANY SINGLE UNIT RESTORATION PLEASE UNDERSTAND:

1. Almost all restorations (alloy and resin) are bonded to increase strength and to decrease post-operative sensitivity. Any restoration, no matter how small, may be sensitive to temperature and/or to chewing. This may be very transient or may increase, necessitating endodontic (root canal) therapy. We insulate and try in every way to protect the pulp but the patient must fully understand and accept the risk of reversible or irreversible pulp damage.
2. During the preparation of the tooth, additional decay or fracture may be noted. There may be an exposure of the pulp necessitating endodontic (root canal) therapy. While every effort is made to accurately diagnosis pathology, some pathology may escape detection until preparation. This may alter the fee and treatment plan.
3. An alloy or resin restoration may be inadequate for the long-term health of the tooth. In these cases the patient may be advised of the need for a crown. If the doctor describes the restoration as interim; the need for a crown is explicit.

4. No dental restoration is considered permanent or fracture proof. The life expectancy of any dental restoration depends heavily on proper patient care: excellent brushing, flossing, fluoride, and regular doctor, hygienist exams. No promises can be given for the useful life of any dental restoration.
5. The final aesthetic outcome may not meet the patient's expectations. No promises can be given by the doctor regarding the final aesthetic outcome.
6. The use of local anesthetic incurs risks. These risks include but are not limited to allergic reaction, bleeding, bruising, infection, and parathesia (prolonged or permanent numbness). The patient must assume these risks.
7. The doctor can only make treatment recommendations. Once noted, tooth pathology will not heal itself. The patient must assume all risks associated with delay or refusal to follow treatment recommendations.
8. All dental treatment from the most simple to the most complex involves a cost, a risk, and a benefit.

The patient must ultimately make a treatment choice after a careful consideration of options. Please take this opportunity to ask any questions so that you may make an informed decision.

Select one:

_____ I choose to utilize silver alloy or resin as a restorative choice, based upon each
Initial tooth's need.

_____ I choose NEVER to utilize silver alloy as a restorative choice
Initial

I have read and understand the above and give the doctor my informed consent to provide restorative dentistry.

Signature of Patient or person authorized to consent for patient

Date