

**I understand** that the treatment of my dentition involving the placement of **Composite Resin (White) Fillings** which may add additional strength and stability to tooth structure as well as be more aesthetic in appearance than some of the conventional materials which have been traditionally used; such as silver amalgam or gold, therefore 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 my treating dentist in rendering this treatment. Though rare, these risks include possible unsuccessful results and/or failure which are associated with, but not limited to the following:

- 1. 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. Sensitivity is more common on the posterior teeth due to the pressure from chewing. 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 inasmuch as this may be a sign of more serious problems.
- 2. 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.
- 3. Necessity for Root Canal Therapy:** When 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 or trauma to underlying pulp tissue. Should the pulp not heal, which often times is exhibited by extreme sensitivity or possible abscess, root canal treatment or extraction may be required.
- 4. Injury to the Nerves:** There is a possibility of injury to the nerves of the lips, jaws, teeth, tongue, or other oral or facial tissues from any dental treatment, particularly those involving the administration of local anesthetics. The resulting numbness which may occur is usually temporary, but in rare instances could be permanent.
- 5. 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. Also, over a period of time, the composite fillings, because of mouth fluids, different foods eaten, smoking, etc. may cause the shade to change. The dentist has no control over these factors.
- 6. Breakage, Dislodgement or Bond Failure:** Due to extreme masticatory pressures or other traumatic forces, it is possible for composite resin fillings or aesthetic restorations bonded with composite resins 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.
- 7. Insurance Related Issues:** Some insurance carriers pay for all fillings placed in back teeth based on their table of allowances for amalgam (silver) fillings. This means that the patient share of the fee for posterior composite resin (white) fillings may be more than what normally would be expected for amalgam fillings. If a patient elects to have posterior composite (white) fillings in lieu of silver fillings, the patient understands that insurance benefits may be less and the patient's portion of the fee may be relatively higher. The dentist is obligated to report the actual material used to the insurance carrier and will not substitute silver for composite resin on billing statements or insurance claims. If a composite resin is placed, the billing statement and insurance claim will state "composite resin".

**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. This notion has not been proven scientifically 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.

**I understand that it is my responsibility to notify Gunnerson Dental should any undue or unexpected problems occur** or if I experience any problems relating 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 Resin (White) Fillings** and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of those treatment in hopes of obtaining the desired and/or any results from the treatment to be rendered to me. 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 Gunnerson Dental and/or all associates involved in rendering any services deemed necessary or advisable to treatment of my dental conditions, including the administration and/or prescribing of any anesthetic agents and/or medications. I understand it is my responsibility to inform the doctor of ALL the medications I am currently taking as well as any allergies.

**-Warranty Information-**

Gunnerson Dental Warranties all the treatment done by the Dentist and associates at this practice. The warranty is valid when all diagnosed treatment that involves/carries decay is completed within 60 days of starting the restorative work. This is to ensure that decay does not spread to restorations that have already been completed. Patients are also required to attend regular 6 months hygiene visits so the doctor who performed the treatment can check the work and make sure it is being taken care of adequately. Patients who have been diagnosed with periodontal disease are required to attend the prescribed periodontal maintenance visits in order to maintain their warranty. In the instance that any previous work needs to be addressed a discount may be applied depending on how recently the work was done. If the doctor has not been given the chance to examine the work we cannot ensure that there hasn't been other damage or extenuating circumstances that may have affected the integrity of the work.

## Sign Form

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patients') health. It is my responsibility to inform the dental office of any changes in medical status.

I consent to use Electronic Records and Signatures.: [ ]

Relation to Patient:

I certify that I have explained to the patient and/or the patient's legal representative the nature, purpose, benefits, known risks, complications, and alternatives to the proposed procedure. The patient and/or patient's legal representative has voiced an understanding of the information given. I have answered all questions to the best of my knowledge, and I believe that the patient and/or legal representative fully understands what I have explained.

I consent to use Electronic Records and Signatures.: [ ]