

I understand that the treatment of my dentition involving the **Removal of Amalgam (Silver) Fillings** with the intent to replace the previous filling with a composite resin filling, ceramic crown or onlay, 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. Reduction of Tooth Structure:** In order to replace Amalgam fillings due to decay, esthetics or other health related issues, it may be necessary to modify the existing tooth or teeth so that new restoration may be placed. Tooth preparation will be done as conservatively as possible.
- 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. 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.
- 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. Local Anesthesia:** In order to remove the amalgam filling(s) without causing undue pain during the procedure, it will be necessary to administer local anesthetic. Such administration may cause reactions or side effects which include, but are not limited to, bruising, hematoma, cardiac stimulation, temporary or, rarely permanent numbness of the tongue, lips, teeth, jaws and/or facial tissues, and muscle soreness.
- 5. 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.
- 6. 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.
- 7. 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.
- 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 amalgam 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 the **Removal of Amalgam (Silver) Fillings** with the intent to replace the previous filling with a composite resin filling, ceramic crown or onlay 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 let the Doctor know what 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.

Removal of Amalgam Fillings Consent

Patient: Submitted: 10/2/2024

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.: []