



Cambridge Dental Hub



Love Your Smile

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DENTAL FILLINGS INFORMED CONSENT

Disadvantages of silver fillings:

1. Silver amalgam is quite fragile until it has completely solidified. It is necessary to avoid chewing on recently placed amalgam fillings for approximately 24 hours.
2. Occasionally shavings generated by placement or carving of silver amalgam fillings may work their way into the surrounding gum tissues and become lodged. Over an extended period of time grey spots or tattoos may become visible within the mouth.
3. Over a period of time the tooth itself may assume a grey and darker appearance even in areas not immediately adjacent to the silver filling.

Posterior composite resin fillings, which are more aesthetic in appearance than some of the conventional materials, such as silver amalgam or gold, may entail certain risks. There is also the possibility of failure to achieve the results, which may be desired or expected.

Composite resin fillings offer two main advantages:

1. They are bonded to the components of the tooth, which may add additional strength to the tooth structure.
2. They are tooth coloured and thus allow for a more aesthetic restoration.

Disadvantages of posterior composite resin fillings:

1. Posterior composite resin fillings take more time, skill and effort to complete than amalgam (silver) restorations. Therefore, it may be necessary for the dentist to charge a higher fee for placing them.
2. Inherent in the placement of composite resin fillings is the potential for bond failure or fracture which may result in leakage and potential for rapid development of decay.

Regardless of which material is utilized, the teeth treated may remain sensitive or even possibly quite painful after completion of treatment. If the pain is severe or extreme sensitivity persists for an extended period of time, please call us.

Regardless of which material is utilized by signing this consent form the patient agrees to assume the risks which may occur even though care and diligence will be exercised by my treating dentist in rendering this treatment.

Risks include possible unsuccessful results and/or failure.

Necessity for Root Canal Therapy: When any type of 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 is exhibited by extreme sensitivity or possible abscess, root canal treatment or extraction may be required. (In this case where Root canal is required then extra charges for the Root canal will apply)

Injury to the Nerves: In any type of dental work, 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 could occur is usually temporary, but in rare instances could be permanent.

Aesthetics or Appearance: Aesthetics are not a consideration in the case of silver filling material. When composite materials are used, effort will be made to closely approximate the natural tooth colour. 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 colouration. 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.

Breakage, dislodgment or bond failure: Due to extreme chewing pressures or other traumatic forces, it is possible for fillings to be dislodged or fractured resulting in leakage and recurrent decay. The dentist has no control over these factors.

Longevity of fillings: There are many variables that determine "how long" fillings can be expected to last. Among these are some of the factors mentioned in preceding paragraphs. In addition, general health, good oral hygiene, regular dental checkups, diet, etc., can affect longevity. Because of this, no guarantees can be made or assumed to be made concerning how long fillings will last.

Possible complications of treatment include, but are not limited to the following:

- Procedural difficulties in the course of treatment.
- Swelling, soreness, infection, trismus, paresthesia, or discoloration of the adjacent soft or hard tissues.
- Fractures of the crown or root of the tooth or restoration.
- Complications following local aesthetic injection: hematoma, paresthesia, allergy, increased heart rate, etc
- Additional unknown or unspecified problems, the explanation for and the responsibility of cannot be given or assumed.

I certify that I have read fully and understand the above authorization and informed consent and I am free to ask any questions pertinent to my treatment.

PATIENT CONSENT: by my signature below, I expressly acknowledge that:

The dentist has explained the options for treatment as outlined above.

The dentist has explained any significant risks and problems specific to me, and the likely outcomes if complications occur. The dentist has also explained the other relevant treatment options as well as the risks of not having the procedure.

The dentist has explained the options for anaesthesia (local, sedation, general) and problems specific to each choice, and the likely outcomes if complications occur.

The dentist has explained the options for referral to a specialist for treatment or simply for a second opinion.

The dentist has explained the options for waiting before I make my decision.

I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes. The dentist has explained other relevant treatment options and their associated risks. The dentist has explained my prognosis and the risks of not having the procedure.

I was able to ask questions and raise concerns with the dentist about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my complete satisfaction.

I understand that other dental procedures may be done if further dental disease is found during the procedure, or to correct other problems in my mouth. I understand that if teeth are removed during the dental treatment, that these may be retained for training purposes and then disposed of sensitively.

I understand that no guarantee has been made that the procedure will improve the condition, and may even make my condition worse.

On the basis of the above statements, **I REQUEST TO HAVE THE PROCEDURE LISTED HEREIN (Filling)**

I realise that signing this does not oblige me to have all or any part of the treatment proposed, but is simply an acknowledgement of the fact that I am giving my informed consent if I decide to go ahead.

Name of Patient : _____

Signature : _____

Date : ____/____/____