



# The Hub Dental Practice

## Informed Consent for Tooth Fillings



**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. (If a Root canal is subsequently required then extra charges for the Root canal will apply)

Failure of the filling or underlying tooth structure may necessitate the requirement for a crown or even extraction. This is especially true if there was a previous filling in the tooth, and if the size of the filling/decay means that complete removal of the old filling or decay is difficult. If a crown/veneer or extraction/bridge/implant is subsequently required then extra charges 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 including giving me leaflets about the various treatment options.

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 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 ABOVE**

**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 the procedure has been explained to me and I am giving my informed consent if I decide to go ahead.**

(CF Filling)

**Patients Name** \_\_\_\_\_

**Patients Date of Birth** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_