



The Hub Dental Practice

Informed Consent for Incisal Edge Fillings

By their very nature all fillings are temporary. But this is especially true with fillings that involve the Incisal edge. This is why we offer no warranty or guarantee.

This is because the forces of chewing are on these teeth and they make it more likely that the filling will shear off.

The risks of having to have the filling replaced are increased

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| 1. Where there are wear facets on the Incisal teeth | 2. There is a history of bruxism or grinding |
| 3. If the tooth has previously had a filling | 4. Where there is Poor Oral Hygiene |
| 5. Patient has Nail Biting Habit | 6. If there is high Sugar Intake / Decay Risk |

In some cases these forces may result in the total fracture of the tooth itself.

Potential Risks and Complications:

1. In preparing the teeth for the reception of the Incisal Edge Filling, it is almost always necessary to reduce or roughen the surface of the tooth to which the Incisal Edge Filling may be bonded. This preparation will be done as conservatively as possible.
2. Chipping, breaking or loosening of the Incisal Edge Filling may occur any time following placement. Many factors may contribute to this happening such as: chewing of excessively hard materials; changes in occlusal (biting) forces; traumatic blows to the mouth; failure of the bond between the Incisal Edge Filling and tooth; and other such conditions over which the dentist has no control.

In cases where the Incisal Edge Fillings breaks or comes off it may be advisable to have a veneer or crown. In these cases additional charges apply for the veneer or crown or other replacement restoration.

In cases where the Incisal Edge Fillings breaks or comes off and a replacement filling is placed then additional charges will apply.

3. Alteration in speech: Since the Incisal Edge Filling may be wider and/or longer than the natural teeth they are covering, a difference in speech may be evident. Many times the patient will adapt to the change and speech returns to normal very shortly after placement. The Incisal Edge Fillings may need to be adjusted in order to alleviate problems with speech.
4. Esthetics/Appearance: Every attempt possible will be made to match and coordinate both the form and shade of Incisal Edge Fillings, which will be placed to be cosmetically pleasing to the patient. However, there are some differences, which may exist between that which is natural and that which is artificial making it impossible to have the shade and/or form perfectly match your natural dentition. It may also be necessary, due to the bite for example, to modify the shape and form of the Incisal Edge Filling.
5. Longevity: It is impossible to place any specific time criteria on the length of time that Incisal Edge Fillings should last. **Should the Incisal Edge Fillings become damaged, leaky, or stained, they will need to be replaced and charges will apply.**
6. Incisal Edge Fillings are susceptible to staining just like natural teeth. Incisal Edge Fillings tend to stain more readily than enamel. The Incisal Edge Fillings may need to be replaced if excessive staining, marginal leakage, or chipping occurs. Every attempt to avoid stain inducing foods and drinks should be avoided.

Informed Consent Declaration

No Warranty or Guarantee: Patients must understand that no guarantee has been made that the procedure will improve the condition, and may even make my condition worse.

I certify that the dentist who examined me that the success of all treatment is determined in a big way by following post treatment instructions, especially those that relate to anaesthetics and prescription medications and that these are always given to patients after treatment, both verbally and in writing, and it is essential that patients read and keep them. Please make sure you have them and do not be afraid to ask for them!!!

I certify that the dentist who examined me has fully explained to me, verbally and with leaflets, the purpose of the procedure(s) and has also informed me of the expected benefits and complications (from known and unknown causes), attendant discomforts and risks that may arise, as well as possible alternatives to the purposed treatment, including no treatment.

I certify that the dentist who examined me has discussed my treatment plan verbally as well as giving me leaflets, consent forms and other printed literature related to the treatment that is proposed as well as the alternative options.

I certify that I have been given an opportunity to ask questions and all my questions have been answered fully and satisfactorily.

I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the procedure(s) which the dentist may consider necessary.

I also understand the financial obligation attached to this procedure and agree to comply as listed on the treatment plan.

I understand that I am responsible for all fees. I also understand that as treatment progresses the above fees may have to be adjusted, but that I will be informed of these adjustments and how this will affect my payment plan.

I realize that signing does not mean that I am under an obligation to have any treatment and that I may decide not to proceed with all or any part of the treatment. Similarly signing this means that I pay for the treatment that I actually have done. I hereby consent to the proposed dental treatment and acknowledge that it is being provided as a private patient.

(CF Incisal Edge Filling)

Name of Patient : _____

Date of Birth:- _____

Signature : _____

Date : _____