INFORMED CONSENT FOR COMPOSITE FILLINGS

TOOTH/TEETH NUMBERS ______________________________

I ____________________________ understand the treatment of my dentition involving the placement of composite resin fillings 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 Dr. Scott Thompson in rendering this treatment. These risks include possible unsuccessful results and/or failure which are associated with, but not limited to the following:

Sensitivity of Teeth: Often after preparation of teeth for the placement of any restoration, the prepared teeth may exhibit sensitivity. This sensitivity may be mild to severe. This sensitivity may last for only a short period of time or may last for a much longer period of time. If such sensitivity persists or lasts for an extended period of time, I agree to notify the dentist as this may be a sign of more serious problems. This may result in the need for additional treatment including but not limited to an indirect pulp cat, root canal therapy or extraction.

Risk of Fracture: Inherent in the placement or replacement of any restoration is the possibility of small fracture lines in the tooth structure. Sometimes these fractures may not be apparent at the time of removal of the tooth structure and/or the previous filling and placement or replacement but may manifest at a later time. This may result in the need for additional treatment including but not limited to root canal therapy and crown or possible extraction.

Necessity of Root Canal Therapy: When fillings are placed or replaced the preparations of the teeth for fillings often necessitates the removal of tooth structure adequate to insure the complete removal of the diseased or otherwise compromised tooth structure. This exposes sound tooth structure for the placement of the restoration. At times, this may lead to exposure or trauma to the underlying pulp tissue. Should the pulp not heal, which often time is exhibited by extreme sensitivity or possible abscess, root canal therapy or extraction may be requires. If root canal therapy is required, a crown may be necessary.

Breakage, Dislodgement, or Bond Failure: Due to extreme biting pressures or traumatic forces, it is possible for composite fillings or aesthetic restorations 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.

New Technology and Health Issues: Composite resin technology continues to advance but some material yields 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 placement of composite fillings will improve, alleviate, or prevent any current or future health conditions.

I understand it is my responsibility to notify this office 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 fillings and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including risks of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired and/or any satisfactory results. By signing this form, I am freely giving my consent to authorize Dr. Scott Thompson, D.D.S., and/or all associates and assistants involved in rendering any services he/she deems necessary or advisable to treatment of my dental conditions, including the administration and/or prescribing of any anesthetic and/or medications.**

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PATIENT'S NAME (PRINT)	SIGNATURE OF PATIENT OR GUARDIAN	DATE

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DOCTOR'S SIGNATURE	DATE	WITNESS	DATE