

**Seitlin & Seitlin DDS
Informed Consent for Composite Restorations (Fillings)**

Patient Name:

Date of Birth:

I. Recommended Treatment

I hereby give consent to Dr. Seitlin to perform Composite Restorations on me or my dependent as follows (to be known as "Recommended Treatment"):

I give consent for this Recommended Treatment and any such additional procedure(s) as may be considered necessary for my well-being based on findings made during the course of the Recommended Treatment. The nature and purpose of the Recommended Treatment have been explained to me and no guarantee has been made or implied as to result or cure. I have been given satisfactory answers to all of my questions, and I wish to proceed with the Recommended Treatment. I also consent to the administration of local anesthesia during the performance of the Recommended Treatment.

II. Treatment Alternatives

Alternative methods of treatment and materials and their pros and cons have been explained to me, such as, but not limited to: amalgam restoration, crowns, and no treatment at all, but I wish to proceed with the Recommended Treatment described above.

IV. Risks and Complications

I understand that there are risks and complications associated with the administration of medications, including anesthesia, and performance of the Recommended Treatment. These potential risks and complications, include, but are not limited to, the following:

- Drug reactions and side effects.
- Damage to adjacent teeth or tooth restorations.
- Necessity for root canal therapy due to injury of pulp tissue.
- Breakage or dislodgment or failure restorative material.
- Necessity for a more extensive restoration than originally diagnosed, such as a crown, now or at some point in the future, due to additional decay or unsupported tooth structure found during preparation.
- Inability to exactly match tooth coloration.
- Changes in the shade of the composite restoration over time as a result of the oral environment.
- Sensitivity of teeth, especially in people that clench and/or grind their teeth.
- As a result of the injection or use of anesthesia, there may be swelling, jaw muscle tenderness or even resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues, which is typically temporary, but in rare instances, may be permanent.

I will follow all post operative instructions and call the dental office if I notice pain or changes in my bite when I chew or clench or grind my teeth after my restorations are completed.

By signing, I acknowledge I have been informed about the Recommended Treatment, alternatives, and risks and I wish to proceed.

Signature:

Date:

Relationship (if patient a minor):

Witness (signature):