



## **Informed Consent Form for Dental Fillings (Composite and Amalgam)**

**Patient Name:** \_\_\_\_\_

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

### **Procedure Description:**

This consent form is to confirm that I, \_\_\_\_\_ [Patient's Name], understand that I am undergoing a dental filling procedure. The procedure involves the removal of decay from my tooth and filling it with a restorative material. The types of filling materials include composite (tooth-colored) and amalgam (silver-colored).

### **Potential Benefits:**

1. Restoration of tooth structure and function.
2. Prevention of further decay and damage to the tooth.
3. Alleviation of pain and discomfort associated with tooth decay.

### **Risks and Complications:**

I acknowledge and understand that the procedure, like all dental procedures, involves risks and potential complications including, but not limited to:

1. **Tooth Sensitivity:** Temporary or, in rare cases, long-term sensitivity to hot, cold, or pressure.
2. **Allergic Reactions:** Rare allergic responses to amalgam (mercury) or composite resins.
3. **Deterioration Over Time:** Fillings, especially amalgam, may wear down, chip, or break and require replacement.
4. **Discoloration:** Composite fillings may stain over time.
5. **Mercury Exposure:** Very low levels of mercury vapor exposure from amalgam fillings, though considered safe by most health authorities.

### **Alternatives to Dental Fillings:**

I understand that alternatives to dental fillings may include:

1. Inlays or onlays, which are indirect fillings made in a laboratory.
2. Crowns, if the tooth decay is extensive and the tooth structure is compromised.
3. Tooth extraction, in cases where the tooth cannot be saved.





### Consent:

I confirm that the dentist has explained the dental filling procedure, the differences between composite and amalgam fillings, their risks, benefits, and alternatives to me, and has answered all my questions. I understand that no guarantees or assurances have been made to me concerning the results of this procedure. I consent to undergo dental filling with the chosen material (composite/amalgam) as explained to me.

I also consent to the administration of local anesthetics and any other medications deemed necessary during the procedure. I understand the importance of maintaining good oral hygiene practices and regular dental check-ups following the procedure.

**Patient Signature:** \_\_\_\_\_

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

**Dentist's Signature:** \_\_\_\_\_

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

