



Patient Name: _____

Date of Birth: _____

Dentist's Name: _____

Date of Procedure: _____

Procedure Explanation

I understand that composite resin is a tooth-colored filling material used to restore decayed, chipped, or damaged teeth. The procedure involves removing decay or damage, applying the composite resin material, and curing it with a special light to harden and bond it to the tooth.

Benefits of Composite Resin Fillings

- Aesthetically matches natural teeth.
- Preserves more of the natural tooth structure.
- Provides strong and durable restoration.

Risks and Limitations

I acknowledge that, like any dental treatment, composite resin restorations have potential risks, including but not limited to:

- Possible sensitivity to hot and cold after the procedure.
- Composite fillings may wear down or stain over time.
- The filling may chip, crack, or require replacement in the future.
- There is a small risk of needing further treatment, such as a root canal, if decay is extensive.
- Some staining or discoloration may occur over time.

Alternative Treatment Options

I understand that alternative treatments may include:

- Amalgam (silver) fillings.
- Ceramic or gold restorations.
- No treatment, understanding that decay may worsen.

Post-Treatment Care

I understand that:

- I should avoid chewing hard foods on the treated tooth for 24 hours.
- I may experience temporary sensitivity, which should subside.
- Regular dental check-ups are necessary to monitor the filling's condition.

Consent & Acknowledgment

I have had the opportunity to ask questions and fully understand the procedure, risks, benefits, and alternatives. I consent to receiving a composite resin restoration as recommended by my dentist.

Patient's Signature: _____

Date: _____

Dentist's Signature: _____

Date: _____