INFORMATION & INFORMED CONSENT · RESTORATIVE DENTISTRY

CD-C14

Composite Resin Restorations

Please read this form carefully before your treatment. It explains what is involved, the benefits, the risks and your options. Ask your dentist about anything you do not understand. You do not have to sign until you are ready.

PATIENT DETAILS

PATIENT NAME

DATE OF BIRTH

TOOTH / TEETH

SURFACES

TREATING DENTIST

CLINIC

01 About the treatment

Composite resin is a tooth-coloured filling material bonded to the tooth. It is used to repair decay, chips, cracks and worn areas, and to reshape teeth (bonding). Decay is removed, the tooth is prepared, and resin is applied in layers and hardened with a curing light, then shaped and polished.

EXPECTED BENEFITS

- Tooth-coloured and natural-looking
- Bonds to the tooth, so less healthy tooth is removed
- Usually completed in one visit

ALTERNATIVES

- No treatment (decay will continue to progress)
- Glass ionomer filling
- Ceramic inlay or onlay
- Crown
- Extraction

02 Risks and possible complications

All dental treatment carries some risk. Most complications are uncommon and manageable, but you should know about them before deciding. Risks specific to you, including those relating to your medical history, have been discussed with you.

- **Local anaesthetic.** Numbness usually wears off within 2 to 5 hours. Bruising or tenderness at the injection site, temporary jaw stiffness or a racing heartbeat can occur. Rarely, an injection touches a nerve and causes numbness or tingling that lasts weeks or longer, or an allergic reaction occurs.
- **Sensitivity** to cold and biting for a few days to weeks, particularly with deep fillings.
- **Nerve inflammation.** If decay is deep, the nerve may become inflamed or die and root canal treatment or extraction may be needed. Sometimes the nerve is exposed during treatment.
- **Chipping, wear and staining** over time. Composite is less durable than ceramic and may need repair or replacement.
- **Recurrent decay** at the edges if oral hygiene and diet are poor.
- **Cracked tooth.** A large filling may not prevent an already weakened tooth from cracking; a crown or onlay may later be needed.

03 Your acknowledgement

Tick each box to confirm you understand and agree.

- [ ] I have read this form, or it has been read to me, and I understand it.
- [ ] The dentist has explained the proposed treatment, why it is recommended, the expected benefits, the material risks and the reasonable alternatives, including no treatment.
- [ ] I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.
- [ ] I understand that dentistry is not an exact science and that no guarantee has been given about the outcome or how long treatment will last.
- [ ] I have given the dentist a complete and accurate medical history, including medicines, supplements, allergies and pregnancy (if applicable), and I will tell the clinic of any changes.
- [ ] I understand that unforeseen findings during treatment may require a change in plan, and that the dentist will discuss this with me where practical.
- [ ] I have received a written estimate of fees. I understand that fees may change if the treatment plan changes, and that health fund rebates are my responsibility to confirm.
- [ ] I consent to clinical photographs, X-rays and scans being taken and kept in my record. These will not be used for any other purpose without my separate written consent.
- [ ] I understand that I may withdraw my consent at any time before or during treatment.

04 Financial consent

ESTIMATED FEE ($) _____ ITEM NUMBERS / QUOTE REFERENCE _____

05 Consent

I, the undersigned, consent to **Composite Resin Restorations** as described above, and to the administration of any local anaesthetic or other medicines needed for this treatment.

Patient (or parent / guardian / substitute decision-maker)

FULL NAME _____ SIGNATURE _____ DATE _____

Dentist

I have explained the treatment, risks, benefits and alternatives, and answered the patient's questions.

NAME _____ SIGNATURE _____ DATE _____

Interpreter (if used)

NAME / LANGUAGE _____ SIGNATURE _____ DATE _____