



Consent for: Amalgam (Silver) Restorations

- 1) The following informed consent form for restoration treatment for the condition(s) described as either: **caries** (“cavity”), **recurrent caries** (“cavity under my previous filling”) or **abrasion** (“wear on the tooth structure close to my gum”) or a **fracture**
- 2) The procedure(s) necessary to treat the condition(s) have been explained to me, and I understand the nature of the procedure(s) to be: **amalgam (silver) filling**
- 3) The prognosis for this (these) procedure(s) was described as either: **excellent, good, fair, questionable, or poor.**
- 4) I have been informed of possible alternative methods of treatment including:
 - a. No treatment at all
 - b. Composite restoration
 - c. Inlay or onlay (gold or porcelain)
 - d. Extraction
 - e. _____
- 5) I consent to the administration of local anesthesia in connection with the procedure(s) referred above, if necessary. I understand that administration of local anesthesia involves risks including pain, paralysis, injury and rarely, even death.
- 6) Complications with local anesthesia although rare can include swelling, bruising, pain, infection, nerve damage, and unexpected allergic reaction, which could lead to a heart attack, stroke, brain damage and/or death.
- 7) **I UNDERSTAND that placing of AMALGAM (SILVER) FILLINGS includes possible inherent risks. Furthermore, no promises or guarantees of results can be made or should be expected.**

These **risks** include, but are not limited to the following:

- A. **Amalgam has been used for decades** as a filling material for teeth and there are no proven scientific studies accepted by the American Dental Association which supports the belief by some opponents to the material that there is a possibility, although unproven, that amalgam may have an effect on the general health of a person due to its mercury content. However, amalgam continues to be endorsed by the ADA as an acceptable filling material.
- B. **Sensitivity of Teeth:** Often after preparation of teeth for the placement of any restoration, the prepared teeth may exhibit sensitivity. The sensitivity may be mild to severe. The sensitivity may last only for a short period of time or may last for much longer periods of time. If such sensitivity is persistent or lasts for much extended periods of time, I agree to notify the dentist in as much as this may be a sign of more serious problems.
- C. **Numbness:** there is a possibility of injury to the nerves of the lips, jaws, teeth, tongue, or other oral or facial tissue from any dental treatment, particularly those involving the administration of local anesthetics. The resulting numbness which may occur is usually temporary, but in rare instances could be permanent. If this numbness persists for a period of time longer than 24 hours, please call the office.



- D. **Fracture or breakage:** Should a tooth require a large amalgam filling because of the extent of the decay or for other reasons, there is a possibility of the filling breaking or loosening. It may then be required to place a crown in order to preserve the tooth. If the tooth structure retaining the filling breaks, it may also be necessary to crown the tooth in order to preserve it.
- E. **Root canal or Extraction:** Should the decay have invaded the tooth to the extent that even after it has been filled, it remains or becomes excessively painful, it may be necessary to either perform root canal treatment or possibly even extract the tooth.
- F. **Fragility of Silver Amalgam:** Amalgam is quite fragile until it has completely solidified. It is necessary to avoid chewing on recently placed amalgam fillings for approximately 24 hrs.
- G. **Amalgam tattoos:** Occasionally shavings generated by placement or carving of silver amalgam fillings may work their way into the surrounding gum tissue and become lodged. Over an extended period of time gray spots or tattoos may become visible within the mouth.
- H. **I understand that 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 amalgam (silver) fillings and have received answers to my satisfaction. I do voluntarily assume any and all possible risk including, but not limited to, those listed above, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired potential results, which may or may not be achieved. No promises of guarantees have been made to me concerning the results. The fee(s) for this service have been explained to me and are satisfactory. By signing this document, I am freely giving my consent to allow and authorize Dr. Lee and/or his/her associates or agents to render any treatment necessary and/or advisable to my dental condition, including the administration and/or prescribing of any medications and anesthetics.

Patient's Name (please print): _____

Patient's (or legal guardian's) Signature: _____

Date/Time _____

Doctor's Signature: _____ **Date/Time** _____

Witness's Signature: _____ **Date/Time** _____