

CONFIDENTIAL/CONFIDENCIAL

PLEASE COMPLETE /POR FAVOR LLENE TODOS LOS ESPACIOS

PLEASE PRINT/ ESCRIBA EN LETRAS MAYUSCALAS

CHART NO.

1	<input type="checkbox"/> M	LAST NAME OF PATIENT		FIRST NAME		<input type="checkbox"/> SINGLE	TELEPHONE			
	<input type="checkbox"/> F					<input type="checkbox"/> MARRIED				
							<b>DIVORCED</b>			
		HOME ADDRESS OF PATIENT				CITY	ZIP			
		SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.		OCCUPATION OF PATIENT		BIRTHDATE		AGE	
2	RESPONSIBLE PARTY OR SPOUSE		RELATIONSHIP TO PATIENT		SOCIAL SECURITY NO		BIRTHDATE			
	ADDRESS				CITY	ZIP	TELEPHONE			
	EMPLOYER		ADDRESS		CITY	ZIP	TELEPHONE AT WORK			
3	DO YOU OR ANY MEMBER OF YOUR FAMILY PARTICIPATE IN A DENTAL PLAN? YES NO				EMPLOYEE'S NAME _____					
	WHICH PLAN? _____		GROUP NO. _____		DATE EMPLOYED _____					
	INSURED MEMBERS SOCIAL SECURITY NUMBER _____				LOCAL NUMBER _____		NO. OF DEPENDANTS _____			
	DRIVER'S LICENSE NO. _____				RELATIONSHIP TO PATIENT _____					
4	HOW LONG SINCE YOUR LAST VISIT TO A DENTIST? _____				REFERRED BY _____					
	WHY ARE YOU HERE TODAY?				Magazine TV Internet Yellowpage					
	<input type="checkbox"/> CHECKUP _____		<input type="checkbox"/> TOOTHACHE _____		<input type="checkbox"/> ESTIMATE _____		E-MAIL _____			

ASSIGNMENT AND RELEASE

I, the undersigned, have insurance with \_\_\_\_\_ Name of Insurance Company(ies)

and assign directly to Dr. San Diego Dental Group all benefits, if any otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions whether manual or electronic.

\_\_\_\_\_ Date \_\_\_\_\_ Signature

MINOR/CHILD CONSENT

I, being the parent or guardian of \_\_\_\_\_ do hereby request ,

\_\_\_\_\_ Name of minor/child

and authorize the dental staff to perform necessary dental services for my child, including but not limited to X-rays, and administration of anesthetics which are deemed advisable by the doctor, whether or not I am present at the actual appointment when the treatment is rendered.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Insured / Guardian

FINANCIAL AGREEMENT

I acknowledge that payment is due at the time of treatment, unless other arrangements are made. I agree that parents/guardians are responsible for all fees and services rendered for treatment of a minor/child. I accept full financial responsibility for all charges not covered by insurance.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Insured / Guardian

# MEDICAL HISTORY OF PATIENT

1. Your current physical health is:  Good  Fair  Poor
2. Do you smoke or use tobacco in any other form?  Yes  No
3. Are you taking any prescription / over-the-counter or herbal supplemental drugs?  Yes  No  
\* Which ones?
4. Have you ever taken Fosamax, or any other bisphosphonate?  Yes  No
5. Have you ever taken Phen-Fen?  Yes  No
6. Are you under a physician's care now?  Yes  No

If so, please give reason for treatment:

Physician's Name:

Telephone:

## For Women :

7. Are you using a prescribed method of birth control?  Yes  No
8. Are you pregnant?  Yes  No  
Week #:

## 9. Have you ever had any of the following diseases or medical problems?

- |                            |                            |                                    |                            |                            |                                |
|----------------------------|----------------------------|------------------------------------|----------------------------|----------------------------|--------------------------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Abnormal Bleeding                  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Herpes / Fever Blisters        |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Alcohol / Drug Abuse               | Y <input type="checkbox"/> | N <input type="checkbox"/> | High Blood Pressure            |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Anemia                             | Y <input type="checkbox"/> | N <input type="checkbox"/> | HIV+ / AIDS                    |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Arthritis                          | Y <input type="checkbox"/> | N <input type="checkbox"/> | Hospitalized for Any Reason    |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Artificial Bones / Joints / Valves | Y <input type="checkbox"/> | N <input type="checkbox"/> | Kidney Problems                |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Asthma                             | Y <input type="checkbox"/> | N <input type="checkbox"/> | Liver Disease                  |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Blood Transfusion                  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Low Blood Pressure             |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Cancer / Chemotherapy              | Y <input type="checkbox"/> | N <input type="checkbox"/> | Lupus                          |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Colitis                            | Y <input type="checkbox"/> | N <input type="checkbox"/> | Mitral Valve Prolapse          |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Congenital Heart Defect            | Y <input type="checkbox"/> | N <input type="checkbox"/> | Osteoporosis / Paget's Disease |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Diabetes                           | Y <input type="checkbox"/> | N <input type="checkbox"/> | Pacemaker                      |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Difficulty Breathing               | Y <input type="checkbox"/> | N <input type="checkbox"/> | Psychiatric Problems           |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Emphysema                          | Y <input type="checkbox"/> | N <input type="checkbox"/> | Radiation Treatment            |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Epilepsy                           | Y <input type="checkbox"/> | N <input type="checkbox"/> | Rheumatic / Scarlet Fever      |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Fainting Spells                    | Y <input type="checkbox"/> | N <input type="checkbox"/> | Seizures                       |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Frequent Headaches                 | Y <input type="checkbox"/> | N <input type="checkbox"/> | Shingles                       |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Glaucoma                           | Y <input type="checkbox"/> | N <input type="checkbox"/> | Sickle Cell Disease/ Traits    |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Hay Fever                          | Y <input type="checkbox"/> | N <input type="checkbox"/> | Sinus Problems                 |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Heart Attack                       | Y <input type="checkbox"/> | N <input type="checkbox"/> | Stroke                         |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Heart Murmur                       | Y <input type="checkbox"/> | N <input type="checkbox"/> | Thyroid Problems               |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Heart Surgery                      | Y <input type="checkbox"/> | N <input type="checkbox"/> | Tuberculosis (TB)              |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Hemophilia                         | Y <input type="checkbox"/> | N <input type="checkbox"/> | Ulcers                         |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Hepatitis                          | Y <input type="checkbox"/> | N <input type="checkbox"/> | Venereal Disease               |

Please list any serious medical condition(s) that you have ever had:

## 10. Are you allergic to any of the following?

- |                            |                            |                    |                            |                            |              |                            |                            |              |
|----------------------------|----------------------------|--------------------|----------------------------|----------------------------|--------------|----------------------------|----------------------------|--------------|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Aspirin            | Y <input type="checkbox"/> | N <input type="checkbox"/> | Erythromycin | Y <input type="checkbox"/> | N <input type="checkbox"/> | Tetracycline |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Codeine            | Y <input type="checkbox"/> | N <input type="checkbox"/> | Latex        | Y <input type="checkbox"/> | N <input type="checkbox"/> | Other        |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Dental Anesthetics | Y <input type="checkbox"/> | N <input type="checkbox"/> | Penicillin   |                            |                            |              |

Please list any other drugs/materials that you are allergic to:



Tel: 858 279 1004 / Fax: 858 268 1004  
7825 Engineer Rd. Ste 111  
San Diego, CA 92111  
www.sddentalgroup.com

## **PATIENT GENERAL CONSENT FOR TREATMENT**

Patients Name \_\_\_\_\_

DATE \_\_\_\_\_

### **1. WORK TO BE DONE**

I understand that I am having the following work done: Fillings\_\_\_\_, Bridge\_\_\_\_, Crown\_\_\_\_, Extractions\_\_\_\_, Root Canal\_\_\_\_, Other\_\_\_\_.

(Initials\_\_\_\_\_)

### **2. Drugs, Medications, and Sedation**

I have been informed and understand that antibiotics, analgesics and other medications can cause allergic reactions causing redness and swelling of tissue, pain, itching, vomiting, and/or anaphylactic shock(severe allergic reaction)and the can cause pain, thrombophlebitis (inflammation of a vein)from intravenous and intramuscular injections, injury to and stiffening of the neck and facial muscles. They may cause drowsiness and lack of awareness and coordination which can be increased by the use of alcohol or other drugs .I understand and fully agree not to operate any vehicle or hazardous device for at least 12 hours or until fully recovered from the effects of the anesthetic, medication and drugs that may have been given to me in the office for my care. I understand that failure to take medications prescribed for me in the manner prescribed may offer risks of continued or aggravated infection and pain and potential resistance to effective treatment of my condition.

(Initials\_\_\_\_\_)

### **3. Change in Treatment Plan**

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination, the most common being root canal therapy following routine restorative procedures. I give my permission to the dentist to make any/all changes and additions as necessary.

(Initials\_\_\_\_\_)

### **4. Removal of Teeth**

Alternative to removal have been explained to me(root canal therapy, crowns, and periodontal surgery, etc.) and I authorize the dentist to remove the following teeth \_\_\_\_\_ and any others necessary for reasons in paragraph #3. I understand removing teeth does not always remove all the infection, if present, and it may be necessary to have further treatment. I understand the risks involved in having teeth removed, some of which are pain, swelling, spread of infection, dry socket, loss of feeling in my teeth, lips, tongue and surrounding tissue (Paresthesia) that can last for an indefinite period of time (days or months), or fractured jaw. I understand I may need further treatment by a specialist or even hospitalization if complications arise during or following treatment, the cost of which is my responsibility.

(Initials\_\_\_\_\_)

### **5. Crowns, Bridges, and Caps**

I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. I further understand that I may be wearing temporary crowns, which may come off easily and that I must be careful to ensure that they are kept on until the permanent crowns are delivered. I realize the final opportunity to make changes in my new crown, bridge, or cap (including shape, fit , size and color) will be before cementation.

(Initials\_\_\_\_\_)

### **6. Dentures, Complete or Partial**

I realize that full or partial dentures are artificial, constructed of plastic, metal , and /or porcelain. The problems of wearing these appliances have been explained to me, including looseness, soreness, and possible breakage. I realize the final opportunity to make changes in my new dentures (including shape, fit, size, placement, and color) will be the "teeth in wax" try-in visit. I understand that most dentures require relining approximately three to twelve months after initial placement. The cost for this procedure is not included in the initial denture fee.

(Initials\_\_\_\_\_)

### **7. Endodontic Treatment (Root Canal)**

I realize there is no guarantee that root canal treatment will save my tooth, and that complications can occur from the treatment, and that occasionally metal objects are cemented in the tooth or extend through the root, which does not necessarily affect the success of the treatment. I understand that occasionally additional surgical procedures may be necessary following root canal treatment (apicoectomy).

(Initials\_\_\_\_\_)



**8. Periodontal Loss (Tissue & Bone)**

I understand that I have a serious condition, causing gum and bone infection or loss and that it can lead to the loss of my teeth. Alternative treatment plans have been explained to me, including gum surgery, replacements and/or extractions. I understand that undertaking any dental procedures may have a future adverse effect on my periodontal condition.;

(initials \_\_\_\_\_)

**9. Hugging Blanket and Mouth Prop**

Sometimes kids need to be treated with the aid of a "hugging blanket" to keep the arms and legs still to reduce the risk of accidental injury from dental instruments. Young children find it difficult to keep their mouths open so we may use a mouth prop to reduce risk from a sudden mouth closure. I give the Dr. permission to use a "hugging blanket" and/or mouth prop on my child during treatment.

(initials \_\_\_\_\_)

**10. Zoom and Take Home Teeth Whitening**

I understand that there are sensitivity of teeth after teeth whitening, and that this sensitivity will subside after couple of days. I also understand that result of teeth whitening may vary from person to person. Some patients might get white spots, which goes away in few weeks. Existing crowns, composite, or other dental materials don't get whiten by the bleaching material. Gum and lip burning might happen, but will resolve in few days. (initials \_\_\_\_\_)

**11. Orthodontics**

I understand that orthodontic treatment requires monthly visits for approximately two years. I agree to abide by appointment schedules and wear appliances (rubber band, headgear, palatal, removable) as instructed by the doctor. I also understand that there is risk involved with orthodontic treatment such as root resorption, gum recession, mobility and sensitivity of teeth during active treatment.

(initials \_\_\_\_\_)

**12. Implant Surgery and Prosthesis**

I have been informed about alternative treatment to dental implants, such as dentures and fixed partial denture (bridges). As with any oral surgery, I understand the risks involved in placing dental implants, some of which are pain, swelling, bleeding, hematoma, bruising, spread of infections, dry socket, loss of feeling in my teeth, lips, tongue and surrounding tissue (paresthesia) that can last for an indefinite period of time or fractured jaw. I understand I may need further treatment by a specialist if complications arise during following treatment, the cost of which is my responsibility. (initials \_\_\_\_\_)

I understand that dentistry is not an exact science and therefore, reputable practitioners cannot fully guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment which I have requested and authorized. I have had the opportunity to read this form and ask questions. My questions have been answered to my satisfaction. I consent to the proposed treatment.

Signature of Patient \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian if patient is a minor \_\_\_\_\_

Date \_\_\_\_\_

**HIPPA/ NOTICE OF PRIVACY PRACTICES**  
**ACKNOWLEDGEMENT OF RECEIPT**

By signing this from, I acknowledge receipt of the *Notice of Privacy Practices* of SD Dental Group. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full. I acknowledge receipt of the *Notice of Privacy Practices* of San Diego California Dental Group.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**DENTIST-PATIENT ARBITRATION AGREEMENT**

Article 1: **Agreement to Arbitrate:** It is understood that any dispute as to dental anesthesia malpractice, that is to whether any dental anesthesia services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional rights to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Article 2: **All Claims Must be Arbitrated:** It is the intention of the parties that this agreement bind all parties whose claims may arise out of or relate to treatment or service provided by the dentist anesthesiologist including any spouse or heirs of the patient and any children, whether born or unborn, at the time of the occurrence giving rise to any claim. In the case of any pregnant mother, the term "patient" herein shall mean both the mother and the mother's expected child or children.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the dentist anesthesiologist, and the dentist anesthesiologists partners, associates, association, corporation or partnership, and the employees, agents and estate of any of them, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress or punitive damages. Filing of any action in any court by the dentist anesthesiologist to collect any fee from the patient shall not waive the right to compel arbitration of any malpractice claim.

Article 3: **Procedures and Applicable Law:** A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days of demand for a neutral arbitrator by either party. Each party to the arbitration shall pay such parties pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees or witness fees, or other expenses incurred by a party for such party's own benefit. The parties agree that the arbitrators have the immunity of a judicial officer from civil liability when sanctioned in the capacity of arbitrator under this contract. This immunity shall supplement, not supplant, and other applicable statutory or common law.

Either party shall have the absolute right to arbitrate separately the issues of liability and damages upon written request to the neutral arbitrator. The parties consent to the intervention and joinder in this arbitration of any person or entity which would otherwise be proper additional party in a court action, and upon such intervention and joinder any existing court, action against such additional person or entity shall be stayed pending arbitration. The parties agree that provisions of California law applicable to health care providers shall apply to disputes within this arbitration agreement, including, but not limited to, Code of Civil Procedure Sections 340.5 and 667.7 and Civil Code Sections 3333.1 and 3333.2. Any party may bring before the arbitrators a motion for summary judgment or summary in accordance with the Code of Civil Procedure. Discovery shall be conducted pursuant to Code of Civil Procedure section 1283.05; however, depositions may be taken without prior approval of the neutral arbitrator.

Article 4: **General Provisions:** All claims based upon the same incident, transaction or related circumstances shall be arbitrated in one proceeding. All claims shall be waived and forever barred in (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable California statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence. With respect to any matter not herein expressly provided for, the arbitrators shall be governed by the California Code of Civil Procedure provisions relating to arbitration.

Article 5: **Revocation:** This agreement may be revoked by written notice delivered to the dentist anesthesiologist within 30 days of signature. It is the intent of this agreement to apply to all dental anesthesia services rendered any time for any condition.

Article 6: **Retroactive Effect:** If patient intends this agreement to cover services rendered before the date it is signed (including, but not limited to, emergency treatment) patient should initial below.

Effective as of the date of first medical services

\_\_\_\_\_  
Patient's or Patient Representative's initials

If any provision of this arbitration agreement is held invalid or unenforceable, the remaining provisions shall remain full force and shall not be affected by invalidity of any other provision.

I understand that I have the right to receive a copy of this arbitration agreement. By my signature below, I acknowledge that I have received a copy.

**NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF DENTAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.**

By: \_\_\_\_\_  
Dentist or Authorized Representative's Signature (Date)

By: \_\_\_\_\_  
Patient's or Patient Representative's Signature (Date)

\_\_\_\_\_  
Print or Stamp Name of Dentist  
Medical Group or Association Name

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
(If Representative, Print Name and Relationship to Patient)

A signed copy of this document is to be given to the Patient. Original is to be filed in Patient's Medical Records.

# The Dental Board of California

## Dental Materials Fact Sheet

Supplied by the Board on October 17, 2001

As required by Chapter 801, Statutes of 1992, the Dental Board of California has prepared this fact sheet to summarize information on the most frequently used restorative dental materials. Information on this fact sheet is intended to encourage discussion between the patient and dentist regarding the selection of dental materials best suited for the patient's dental needs. It is not intended to be a complete guide to dental materials science.

The most frequently used materials in restorative dentistry are amalgam, composite resin, glass ionomer cement, resin-ionomer cement, porcelain (ceramic), porcelain (fused-to-metal), gold alloys (noble), and nickel or cobalt-chrome (base-metal) alloys. Each material has its own advantages and disadvantages, benefits and risks. These and other relevant factors are compared in the attached matrix titled, "Comparisons of Restorative Dental Materials." A "glossary of Terms" is also attached to assist the reader in understanding the terms used.

The statements made are supported by relevant, credible dental research published mainly between 1993-2001. In some cases, where contemporary research is sparse, we have indicated our best perceptions based upon information that predates 1993.

The reader should be aware that the outcome of dental treatment or durability of a restoration is not solely a function of the material from which the restoration was made. The durability of any restoration is influenced by the dentist's technique when placing the restoration, the ancillary materials used in the procedure, and the patient's cooperation during the procedure. Following restoration of the teeth, the longevity of the restoration will be strongly influenced by the patient's compliance with dental hygiene and home care, their diet and chewing habits.

Both the public and the dental profession are concerned about the safety of dental treatment and any potential health risks that might be associated with the materials used to restore the teeth. All materials commonly used (and listed in this fact

sheet) have been shown- through laboratory and clinical research as well as through extensive clinical use – to be safe and effective for the general population. The presence of these materials in the teeth does not cause adverse health problems for the majority of the population. There exist a diversity of various scientific opinions regarding the safety of mercury dental amalgams. The research literature in peer-reviewed scientific journals suggests that otherwise healthy women, children, and diabetics are not at increased risk for exposure to mercury from dental amalgams. Although there are various opinions with regard to mercury risk in pregnancy, diabetes, and children, these opinions are not scientifically conclusive and therefore the dentist the dentist may want to discuss these opinions are not scientifically conclusive and therefore the dentist may want to discuss these opinions with their patients. There is no research evidence that suggests pregnant women, diabetics and children are at increased health risk from dental amalgam fillings in their mouth. A recent study reported in the JADA factors in a reduced tolerance (1/50<sup>th</sup> of the WHO safe limit) for exposure in calculating the amount of mercury that might be taken in from dental fillings. This level falls below the established safe limits for exposure to a low concentration of mercury or any other released component from a dental restorative material. Thus, while these sub-populations may be perceived to be at increased health risk from exposure to dental restorative materials, the scientific evidence does not support that claim. However, ether are individuals who may be susceptible to sensitivity, allergic or adverse reactions to selected materials. As with all dental materials, the risks and benefits should be discussed with the patient, especially with those in susceptible populations.

There are differences between dental materials and the individual elements or components that compose these materials. For example, dental amalgam filling material is composed mainly of mercury (43-54%) and varying percentages of silver, tin, and copper (46-57%). It should be noted that elemental mercury is listed on the Proposition 65 list of known toxins and carcinogens. Like all materials in our environment, each of these elements by themselves is toxic at some level of concentration if they are taken into the body. When they are mixed together, they react chemically to form a crystalline metal alloy. Small amounts of free mercury may be released from amalgam fillings over time and can be detected in bodily fluids and expired air. The important question is whether any free mercury is present in sufficient levels to pose a health risk. Toxicity of any substance is related to dose, and doses of mercury or any other element that may be released from

Types of Restorative Dental Materials				
Comparative Factors	Amalgam	Composite Resin (direct and indirect Restorations)	Glass ionomer cement	Resin-ionomer cement
General Description	Self-hardening mixture in varying percentages of a liquid mercury and silver-tin alloy powder	Mixture of powdered glass and plastic resin, self-hardening or hardened by exposure to blue light	Self-hardening mixture of glass and organic acid	Mixture of glass resin polymer and organic acid self-hardening by exposure
Principle Users	Fillings; sometimes for replacing portions of broken teeth	Fillings, inlays veneers, partial and complete crowns, sometimes for replacing portions of broken teeth	Small fillings cementing metal & porcelain/metal crown, inlays	Small fillings cementing metal, porcelain/metal crowns, inlays
Resistance to Further Decay	High; self-sealing characteristic helps resist recurrent decay but recurrent decay around amalgam is difficult to find in early stage	Moderate; recurrent decay is easily detected in early stages	Low-moderate some resistance to decay may be imparted through fluoride release	Low-moderate resistance to decay may be imparted through fluoride release
Estimated Durability (Permanent teeth)	Durable	Strong durable	Non-stress bearing crown cement	Non-stress bearing crown cement
Relative Amount of Tooth Preserved	Fair; requires removal of healthy tooth to be mechanically retained; no adhesive bond of amalgam to the tooth	Excellent; bonds adhesively to healthy enamel and dentin	Excellent; bonds adhesively to healthy enamel and dentin	Excellent; bond adhesively to the enamel and dentin
Resistance to Surface Wear	Low similar to dental enamel; brittle metal	May wear slightly faster than dental enamel	Poor in stress bearing applications. Fail in non-stress bearing applications	Poor in stress bearing applications. Go non-stress bearing application
Resistance to Fracture	Amalgam may fracture under stress; tooth around filling may fracture before the amalgam does	Good resistance to fracture	Brittle; low resistance to fracture but not recommended for stress-bearing restorations	Tougher than glass-ionomer. Recommended to stress bearing restoration
Resistance to Leakage	Good; self-sealing by surface corrosion; margins may chip over times	Good if bonded to enamel; may show leakage over time when bonded to dentin; does not commodes	Moderate; tends to crack over time	Good; bonded to resin, and dentinal post-insert expansion may be seal the margins
Resistance to Occlusal Stress	High; but lack of adhesion may weaken the remaining tooth	Good to excellent depending upon product used	Poor; not recommended for stress-bearing restorations	Moderate; not recommended to restore biting surface of adults; maybe used for short-term primary teeth restoration
Toxicity	Generally safe; occasional allergic reactions to metal components. However, amalgams contain mercury. Mercury in its elemental form is toxic and as such is listed on prop 65	Concerns about trace chemical release are not supported by research studies. Safe; no known toxicity documented. Contains some compounds listed on prop 65.	No known incompatibilities safe; no known toxicity documented	No known incompatibilities safe; no known toxicity documented
Allergic or Adverse Reactions	Rare; recommend that dentist evaluate patient to rule out metal allergies	No documentation for allergic reactions was found	No documentation for allergic reactions was found; progressive roughening of the surface may predispose to plaque accumulation and periodontal disease	No known documented allergic reactions. Surface may roughen over time. predispose to plaque accumulation and periodontal disease
Susceptibility To Post-Operative Sensitivity	Minimal; high thermal conductivity may promote temporary sensitivity to hot & cold; contact with other metals may cause occasional & transient galvanic response	Moderate; material is sensitive to dentists technique; material shrinks slightly when hardened, and a poor seal may lead to bacterial leakage, recurrent decay and tooth hypersensitivity	Low; material seals well and does not irritate pulp	Low; material seals well and does not irritate pulp
Esthetics (Appearance)	Very poor. Not tooth colored; initially silver-gray gets darker becoming black as it comodes. May stain teeth dark brown or black over time	Excellent; often indistinguishable from natural tooth	Good; tooth colored, varies in translucency	Very good; more translucency than glass ionomer
Frequency of Repair or Replacement	Low; replacement is usually due to fracture of the filling or the surrounding tooth	Low to moderate; durable material hardens rapidly. Some composite materials show more rapid than amalgam. Replacement	Moderate; slowly dissolves in mouth, easily dislodged.	Moderate; may hold better than ionomer but not as well as composite
Relative Costs to Patient	Low; relatively inexpensive; actual cost of fillings depends upon their size.	Moderate; higher than amalgam fillings; actual cost of fillings depends upon their size; veneers & crowns cost more.	Moderate; similar to composite resin (not used for veneer and crowns)	Moderate; similar to composite resin (not used for veneer and crowns)
Number of Visits	Single visit (polishing)	Single visit for fillings; more for veneers & crowns	Single visit	Single visit

dental amalgam fillings falls far below the established safe levels as stated in the 1999 US Health and Human Service Toxicological Profile for Mercury Update.

All dental restorative materials (as well as all materials that we come in contact with in our daily life) have the potential to elicit allergic reactions in hypersensitive individuals. These must be assessed on a case-by-case basis, and susceptible individuals should avoid contact with allergenic materials. Documented reports of allergic reactions to dental amalgam exist (usually manifested by transient skin rashes in individuals who have come into contact with the material), but they are atypical. Documented reports of toxicity to dental amalgam exist, but they are rare. There have been anecdotal reports of toxicity to dental amalgam and as with all dental material risks and benefits of dental amalgam should be discussed with the patient, especially with those in susceptible populations.

Composite resins are the preferred alternative to amalgam in many cases. They have a long history of biocompatibility and safety. Composite resins are composed of a variety of complex inorganic and organic compounds, any of which might provoke allergic response in susceptible individuals. Reports of such sensitivity are atypical. However, there are individuals who may be susceptible to sensitivity, allergic or adverse reactions to composite resin restorations. The risks and benefits of all dental materials should be discussed with the patient, especially with those in susceptible populations.

Other dental materials that have elicited significant concern among dentists are nickel-chromium-beryllium alloys used predominantly for crowns and bridges. Approximately 10% of the female populations are alleged to be allergic to nickel. The incidence of allergic response to dental restorations made from nickel alloys is surprisingly rare. However, when a patient has a positive history of confirmed nickel allergy, or when such hypersensitivity to dental restorations is suspected. Alternative metal alloys may be used. Discussion with the patient of the risks and benefits of these materials is indicated.

#### Glossary of Terms

##### General Description

Principle Uses- the types of dental restorations that are made from this material

Resistance to further decay- the general ability of the material to prevent decay around it

Longevity/durability- the probable average length of time before the material will have to be replaced (this will depend upon many factors unrelated to the material such as biting habits of the patient. The diet, the strength of their bite, oral hygiene, etc)

Conservation of Tooth Structure- a general measure of how much tooth needs to be removed in order to place and retain the material

Surface wear/fracture resistance- a general measure of how well the material holds up over time under the forces of biting, grinding, clenching, etc.

Marginal integrity (leakage)- an indication of the ability of the material to seal the interface between the restoration and the tooth, thereby helping to prevent sensitivity and new decay.

Resistance to occlusal stress- the ability of the material to survive heavy biting forces over time

Biocompatibility- the effect, if any, of the material on the general overall health of the patient

Allergic or adverse reactions- possible systemic or localized reactions of the skin, gums, and other tissues to the materials

Toxicity- an indication of the ability of the material to interfere with normal physiologic processes beyond the mouth

Susceptibility to sensitivity- an indication of the probability that the restored teeth may be sensitive stimuli (heat, cold, sweet, pressure) after the material is placed in them

Esthetics- indication of the degree to which the material resembles natural teeth

Frequency of repair or replacement- an indication of the expected longevity of the restoration made from this material

Relative cost- a qualitative indication of what one would pay for a restoration made from this material compared to all the rest

Number of visits required- how many times a patient would usually have to go to the dentist's office in order to get a restoration made from this material

Dental amalgam- filling material which is composed mainly of mercury (43-54%) and varying percentages of silver, in, and copper(48-57%)

TYPES OF INDIRECT RESTORATIVE DENTAL MATERIALS				
Comparative Factors	Porcelain(ceramic)	Porcelain(fused to metal)	Gold alloys (noble)	Nickel or Cobalt-chrome(base-metal) alloys
General Description	Glass-like material formed into fillings and crowns using models of the prepared teeth	Glass-like material that is enameled onto metal shells. Used for crowns and fixed bridge	Mixtures of gold, copper and other metals used mainly for crowns and fixed bridges	Mixtures of nickel, chromium
Principle Users	Inlays, veneers, crowns and fixed bridges	Crowns and fixed bridges	Cast crowns & fixed bridges; some partial denture frameworks	Crowns and fixed bridges; most partial denture frameworks
Resistance to Further Decay	Good, if the restoration fits well	Good, if the restoration fits well	Good, if the restoration fits well	Good, if the restoration fits well
Estimated Durability (permanent Teeth)	Moderate; brittle material that may fracture high biting forces, not recommended for posterior (molar) teeth	Very good, less susceptible to fracture due to the metal substructure	Excellent; does not fracture under stress; does not corrode in the mouth	Excellent; does not fracture under stress; does not corrode in the mouth
Relative Amount of Teeth Preserved	Good; moderate removal of natural tooth is necessary for veneers; more for crowns since strength is related to its bulk	Moderate-high; Molar tooth must be removed to permit the metal to accompany the porcelain	Good, a strong material that requires removal of a thin outside layer of the tooth	Good, a strong material that requires removal of a thin outside layer of the tooth
Resistance to Surface Wear	Resistant to surface wear; but abrasive to opposing teeth	Resistant to surface wear; permits either metal or porcelain on the biting surface of crowns & bridge	Similar hardness to natural enamel; does not abrade opposing teeth	Harder than natural enamel but minimally abrasive to opposing natural teeth. not fracture in bulk
Resistance to Fracture	Poor resistance to fracture	Porcelain may fracture	Does not fracture in bulk	Does not fracture in bulk
Resistance to Leakage	Very good can be truncated for very accurate fit of the margins	Good; very good depending upon design of the margins of the crowns	Very good-excellent. Can be formed with great precision, can be tightly adapted to the tooth	Good-very good; stiffer than gold; less adaptable, but can be formed with great precision
Resistance to Occlusal Stress	Moderate; brittle material susceptible to fracture under biting forces	Very good. Metal substructure gives high resistance to fracture	excellent	Excellent
Toxicity	Excellent. No known adverse effects	Very good to excellent. Occasionally rare allergy to metal alloys used	Excellent; rare allergy to some alloys	Good; nickel allergies are common among women, although rarely manifested in dental restorations
Allergic or Adverse Reactions	none	Rare. Occasional allergy to metal substructures	Rare; occasional allergic reactions seen in susceptible individual	Occasional; infrequent reactions to nickel
Susceptibility To Post-Operative Sensitivity	Not material dependent; does not conduct heat and cold well	Not material dependent; does not conduct heat and cold well	Conducts heat and cold; may irritate sensitive teeth	Conducts heat and cold; may irritate sensitive teeth
Esthetics (Appearance)	excellent	Good to excellent	Poor-yellow metal	Poor- dark silver metal
Frequency of Repair or Replacement	Varies; depends upon biting forces; fractures of molar teeth are more likely than anterior teeth; porcelain fracture may often be repaired with composite resin	Infrequent; porcelain fracture can often be repaired with composite resin.	Infrequent; replacement is usually due to recurrent decay around margins	Infrequent; replacement is usually due to recurrent decay around margins
Relative Costs to Patient	High, requires at least two office visits and laboratory services	High; requires at least two office visits and laboratory services	High; requires at least two office visits and laboratory services	High; requires at least two office visits and laboratory services
Number of Visits Required	Two- minimum; matching esthetics of tooth may require more visits	Two- minimum; matching esthetics of tooth may require more visits	Two- minimum	Two- minimum

I acknowledge receiving dental material sheet.

Signature \_\_\_\_\_

Date \_\_\_\_\_