

Date: _____



NEW PATIENT INFORMATION

Medical History

Last Name: _____ First Name: _____ Birthdate(MM/DD/YYYY): _____

Name of School _____ Grade _____

Name of Medical Doctor: _____ City/State: _____

Is your child presently under the care of a physician for any medical problem? No Yes

Please describe: _____

List all medications that your child is now taking: None

Has your child ever been hospitalized or had surgery? No Yes

Please describe: _____

Is your child allergic to any food or medicine? None

_____ _____ _____

Does your child have any of the following medical conditions?

Y N

Asthma

Bleeding Disorders

Cancer

Diabetes

ADHD or ADD

Heart Trouble or Murmur

Autism

Y N

Kidney/Liver Involvement

Developmental Delay

Brain Injury

Liver Disorder

Seizures/Convulsions

Contagious Disease

Hay fever (Seasonal allergies)

Any details or additions about the above: _____

Dental History

Any concerns you wish to have addressed? _____

Any injuries to your child's teeth or jaw? _____

How do you think your child will act toward the dentist? _____

Is this your child's first dental visit? Y N Previous dentist's name: _____

Date of last cleaning: _____ Date of last Xrays: _____

How do you feel about your past dental experiences, and how can we make them better?

Is there anything else you would like us to know?

Current Dental Habits

When does your child usually brush their teeth? Morning Afternoon Before bed
Does your child brush Alone and/or with Supervision Is dental floss used? Y N
Is brushing a battle? Y N What type of toothpaste is used? _____
Is mouthwash used? Y N What type? _____
Is any of the following used regularly? Fluoride tablets/drops Electric toothbrush
 Xylitol Sugarfree gum Waterpik

Family Information

Is the family info the same for whole family? Y N If Y, please complete rest of form for the first family member only.

Patient's address _____ City, Zip _____ Home Phone _____

Many insurance companies only use the social security number for their policy. We need the SSN of the guardian(s) who has/have dental insurance to verify coverage and bill your insurance for you. If you have any questions, please contact us. We are concerned about your privacy and take many steps to safeguard any information you give us.

Mother's Name _____ Date of Birth _____ SSN _____
Address _____ City, Zip _____ Email _____
Wireless _____ Occupation _____ Employer _____ Wk phone _____

Father's Name _____ Date of Birth _____ SSN _____
Address _____ City, Zip _____ Email _____
Wireless _____ Occupation _____ Employer _____ Wk phone _____

Has anyone in your family been a patient of this office before? N Y If yes, name? _____

Name of emergency contact/relationship _____ Phone _____

How did you hear about our office? _____

I have completed this form and answered all questions to the best of my ability.

Your Name and Relation to patient _____

Your signature

Comments:

Reviewed by:



Informed Consent for Pediatric Dental Procedures

Rev. 4/2018

Informed consent indicates your awareness of sufficient information to allow you to make an informed personal choice concerning your child's dental treatment after considering the risks, benefits and alternatives. Please read this form carefully and ask about anything you do not understand. We will be pleased to further explain it to you.

Local Anesthetics: Numbness may last for several hours following treatment and I understand that I must watch my child closely and follow all post-operative instructions to help prevent them from biting or otherwise injuring his/her lip, tongue or cheeks. Other risks associated with local anesthetic include possible allergic reactions, a black and blue bruise at the injection side, indefinite numbness of the injected area, or temporary heart palpitations.

Radiographs (Xrays): I understand that radiographs are required in order to provide the best treatment for my child. I understand the radiation from 4 Xrays are approximately equal to a few hours a day out in the sun. The Dentist and the staff members make every attempt to limit the radiation exposure to my child.

Fillings: I understand that a more extensive filling than originally diagnosed may be required due to additional decay. I have been advised by the Dentist and/or the staff members that the silver amalgam is an acceptable procedure according to ADA guidelines and, as such, is a treatment used by this office. I understand that composite (white/resin) fillings may not be a practical alternative to metal fillings in all cases and that any insurance benefit that my child has may not cover the procedure and I may be responsible for the charges personally.

Sealants: I understand sealants act as a barrier protecting the teeth against decay-causing bacteria. The sealants are usually applied to the chewing surfaces of the back teeth (premolars and molars) where decay occurs most often. Sealants may periodically come off and may need to be replaced a/o repaired.

Fluoride: I understand that while application of topical fluorides will significantly decrease the number of cavities my child may develop and may not prevent all decay. The effectiveness of fluoride will be influenced by the oral care and diet received at home.

Pulpotomy (nerve treatment): I understand that a pulpotomy or pulpectomy is necessary when the decay in the tooth reaches the nerve. This procedure will help prevent the tooth from becoming infected, or will help cure a tooth that is already infected. This procedure may be referred to as a root canal on baby teeth; however, it is less involved and faster than permanent tooth root canal treatment and is successful over 90% of the time. If it fails, I understand that the Dentist may need to extract the tooth and place a space maintainer. If the pulpotomy is not performed, my child may lose the tooth and the mouth may become swollen and infected.

Nitrous oxide: I authorize the Dentist to administer nitrous oxide (laughing gas) to my child during his/her dental treatment. Nitrous Oxide is used to help my child relax and make him/her less anxious. It is possible that my child may experience nausea.

Crowns: I have been informed that my child needs to have a crown on one or more teeth. I understand that the dentist prefers to use stainless steel (silver colored) crowns because of their strength and reliability. As an option, I can request a white crown or ask that white materials be applied to the stainless steel crown (white facing).

Space maintainer: I have been informed that a space maintainer is needed when a baby tooth is lost before it is normally ready to fall out. The space maintainer holds the space open so that the permanent teeth will be able to come in properly. If the space maintainer is not placed the teeth will shift, causing the permanent teeth to erupt crooked, or fail to erupt. While the space maintainer will not guarantee straight teeth, I understand that not using one could result in a more difficult orthodontic problem that takes longer and is more expensive to treat.

Extraction (removal of tooth): Alternatives to tooth removal have been explained to me (fillings, crowns, root canal treatment) and I authorize the Dentist to remove the teeth indicated in my child's treatment plan. I understand that tooth removal does not always cure infection, if present, and it may be necessary to have further treatment. My child may experience pain, swelling, and bleeding as a result of the extraction(s). I will follow the post-operative instructions provided to me.

Caring Tree Children's Dentistry
www.caringtreechildrensdentistry.com

Photos: I authorize and consent to the use of my child's visual image for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications, and websites. These purposes could be for educational or promotional uses. I give this consent with no claim for payment.

I understand that dentistry is not an exact science and therefore, reputable practitioners cannot properly guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment which I have requested and authorized. Additionally, providing a high quality of care can sometimes be made very difficult, or even impossible, because of the lack of cooperation of some child patients. Some behaviors will be age-appropriate for the child and some may not.

All efforts will be made to obtain the cooperation of child dental patients by the use of warmth, friendliness, persuasion, humor, charm, gentleness, kindness and understanding.

There are many behavior management techniques used by pediatric dentists and approved by the American Academy of Pediatric Dentists to gain the cooperation of child patients to eliminate or reduce disruptive behavior or prevent patients from causing injury to themselves due to uncontrollable movements. The most frequently used pediatric dentistry behavior management techniques used in this office can be summarized as follows:

TELL-SHOW-DO: The dentist or assistant explains to the child what is to be done using simple age-appropriate words. Secondly, the child is shown on a model, or the finger. Lastly, the procedure is performed for the child as described.

POSITIVE REINFORCEMENT: This technique rewards behavior that is desirable. Desirable behavior is rewarded with a compliments, praise, a pat on the back or other prize.

VOICE CONTROL: The attention of a disruptive or uncooperative child is gained by changing the tone or increasing the volume of the dentist's voice. Content of the conversation is many times less important than the abrupt, sudden or strict nature of the command.

MOUTH PROPS: A rubber or similar type device is placed in the child's mouth to prevent closing and possible injury when a child refuses or has difficulty maintaining an open mouth.

PHYSICAL RESTRAINT BY THE DENTIST, DENTAL ASSISTANT OR PARENT: The dentist or assistant (under direction by the dentist) restrain the child from movement by holding the child's hands, stabilizing the head, and/or controlling leg movements.

PAPOOSE BOARD AND PEDI-WRAP: These are restraining devices for limiting the disruptive movements of a child in order to prevent injury and to enable the dentist to provide the indicated treatment. The child is wrapped in one of these devices, which is placed on a reclined dental chair.

SEDATION: Various drugs are used to relax a child who does not respond to other behavior management techniques or who is unable to comprehend or cooperate for dental procedures due to his/her age or mental maturity. These drugs are administered orally along with Nitrous Oxide-Oxygen gas. The child does not become unconscious, but your child may fall asleep. Your child will **not** be sedated without a further discussion with you.

The listed pediatric dentistry behavior management techniques have been explained to me. Alternative techniques, if any, have also been explained to me, as have the advantages and disadvantages of each. I hereby authorize and direct Dr Kucera and dental auxiliaries of his/her choice, to utilize the behavior management techniques listed on this consent form to assist in the provision of the necessary dental treatment for my child (or legal ward). I hereby acknowledge that I have read and understand this consent, and that all questions about behavior management techniques described have been answered in a satisfactory manner. I understand that I have the right to be provided with answers to questions, which may arise during the course of my child's treatment. I further understand that this consent shall remain in effect until terminated by me.

Caring Tree Children's Dentistry
www.caringtreechildrensdentistry.com



Assignment and Release

I the undersigned, have insurance with _____, and assign directly Caring Tree Children's Dentistry 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.

Date: _____ Signature: _____
Signature of patient/parent/legal guardian

Patient Agreement and Financial Policy

I hereby agree to be responsible for the costs of care provided by Caring Tree Children's Dentistry and/or the dental team for myself or my dependent(s). These include any deductibles and amounts not covered by insurance. **I also understand that it is my responsibility to be aware of any limitations, and benefits of my insurance policy.** Payment to this office is my responsibility and I am aware that if the insurance company does not reimburse the doctor, I am responsible for the total amount(s). I understand that if I pay by check and the check is returned, I will be charged a \$25 fee to cover the bank charge.

I understand that because appointments are not double-booked, I must provide notice of cancellation at least 48 hours prior to my child's scheduled appointment. ***I understand I may be asked to pay a \$50 non-refundable reservation fee for certain appointments.***

We make every effort to schedule appointments that are most convenient for you and that fit your personal schedule. Because we do not schedule several patients at the same time, all appointments are reserved exclusively for you. In return, we ask that you make every effort not to change your reserved dental appointment.

I understand that for any treatment less than three hundred dollars (\$250) payment in full is due at the time of service. I understand that after 60 days, any unpaid balance will incur a \$10 billing fee. I understand that failure to pay amounts due to this office within 90 days will result in my account being placed with a collection agency. In the event that my account is further referred to an attorney, I agree to pay all collection and attorney fees.

Date: _____ Signature: _____
Signature of patient/parent/legal guardian

Minor/Child Consent

I, being the parent or legal guardian of _____, do here, by request and authorize the dental staff to perform necessary services for my child, including but not limited to radiographs (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. I also understand that the parent or guardian who brings my child in for treatment will be responsible for payment. A receipt will be provided so I may seek reimbursement.

Date: _____ Signature: _____
Signature of patient/parent/legal guardian

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 1/01/2016, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

Sign In Sheet and Announcement: Upon arriving at our office, we may use and disclose medical information about you by asking that you sign an intake sheet at our front desk. We may also announce your name when we are ready to see you.

Change of Ownership: If this dental practice is sold or merged with another practice or organization, your health records will become the property of the new owner. However, you may request that copies of your health information be transferred to another dental practice.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$10 per hour for staff time to copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. **{You must make your request in writing.}** Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Michelle Kucera, DDS or Sue Lauver _____

Telephone: 5302729026 or 9162510170 _____ Fax: 5302721527 _____

E-mail: grass.valley@caringtreedentistry.com or lincoln@caringtreedentistry.com _____

Address: 1061 E Main St Ste 101 Grass Valley, CA 95945 or 150 Gateway Dr Ste 101 Lincoln 95648

Dear Parent(s) or Guardian(s),

We make every effort to make your child comfortable during their appointments. You can help us! In most cases, **your child will do better without your presence**. Children often act differently when parents or guardians are present and may not listen to us. Your visible trust in us will allow us to build a positive relationship with your child. Additionally, we have limited space in the office and it can become crowded. You are always **welcome to watch** your child through our **windows**. The exception to these guidelines is children under 3 when we perform a lap exam in our consultation room.

Here are some helpful tips to consider before your child's visit.

1. Before and during the appointment, be careful the words you use in describing the dentist. We choose our words carefully, those a child will understand.
 - Instead of shot or needle, use **sleepy juice**
 - Instead of drill, use **water sprayer**
 - Instead of pull or yank tooth, say **wiggle tooth**
 - Please **do not** use the dentist as a threat to get your child to do something differently
2. If **one parent** chooses to be present during the appointment we ask you **do not bring any other children** and to be a supportive listener because:
 - You may give incorrect information.
 - Your children will not listen to us if you are talking.
 - The best support you can provide for your child is by hand-holding, or stroking the leg or supportive, positive words.
3. During the appointment, if asked to leave, be ready to walk away, out of your child's field of vision. Some children will try to control the situation and "act out". It is normal but unacceptable and can be unsafe during an appointment. Once the behavior stops, you may return.
4. After the visit, continue with positive words to make the child feel good about themselves.
 - Examples include: "I'm proud of you", "Good job", "You are a great helper", "You are so brave".
 - Do **not** use phrases like: "Poor baby", "I'm sorry", and "Did that hurt?"

Together, with your help, we can provide a positive experience for your child!

Sincerely,
Caring Tree Children's Dentistry

Dental Materials – Advantages & Disadvantages

PORCELAIN FUSED TO METAL

This type of porcelain is a glass-like material that is “enameled” on top of metal shells. It is tooth-colored and is used for crowns and fixed bridges

Advantages

- ♥ Good resistance to further decay if the restoration fits well
- ♥ Very durable, due to metal substructure
- ♥ The material does not cause tooth sensitivity
- ♥ Resists leakage because it can be shaped for a very accurate fit

Disadvantages

- More tooth must be removed (than for porcelain) for the metal substructure
- Higher cost because it requires at least two office visits and laboratory services

GOLD ALLOY

Gold alloy is a gold-colored mixture of gold, copper, and other metals and is used mainly for crowns and fixed bridges and some partial denture frameworks

Advantages

- ♥ Good resistance to further decay if the restoration fits well
- ♥ Excellent durability; does not fracture under stress
- ♥ Does not corrode in the mouth
- ♥ Minimal amount of tooth needs to be removed
- ♥ Wears well; does not cause excessive wear to opposing teeth
- ♥ Resists leakage because it can be shaped for a very accurate fit

Disadvantages

- Is not tooth colored; alloy is yellow
- Conducts heat and cold; may irritate sensitive teeth
- High cost; requires at least two office visits and laboratory services

DENTAL BOARD OF CALIFORNIA

1432 Howe Avenue • Sacramento, California 95825

www.dbc.ca.gov

Published by

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

5/04

The Facts About Fillings

The Facts About Fillings



DENTAL BOARD OF CALIFORNIA

1432 Howe Avenue • Sacramento, California 95825

www.dbc.ca.gov



Dental Materials Fact Sheet

What About the Safety of Filling Materials?

Patient health and the safety of dental treatments are the primary goals of California’s dental professionals and the Dental Board of California. The purpose of this fact sheet is to provide you with information concerning the risks and benefits of all the dental materials used in the restoration (filling) of teeth.

The Dental Board of California is required by law* to make this dental materials fact sheet available to every licensed dentist in the state of California. Your dentist, in turn, must provide this fact sheet to every new patient and all patients of record only once before beginning any dental filling procedure.

As the patient or parent/guardian, you are strongly encouraged to discuss with your dentist the facts presented concerning the filling materials being considered for your particular treatment.

* *Business and Professions Code 1648.10-1648.20*

Allergic Reactions to Dental Materials

Components in dental fillings may have side effects or cause allergic reactions, just like other materials we may come in contact with in our daily lives. The risks of such reactions are very low for all types of filling materials. Such reactions can be caused by specific components of the filling materials such as mercury, nickel, chromium, and/or beryllium alloys. Usually, an allergy will reveal itself as a skin rash and is easily reversed when the individual is not in contact with the material.

There are no documented cases of allergic reactions to composite resin, glass ionomer, resin ionomer, or porcelain. However, there have been rare allergic responses reported with dental amalgam, porcelain fused to metal, gold alloys, and nickel or cobalt-chrome alloys.

If you suffer from allergies, discuss these potential problems with your dentist before a filling material is chosen.

PORCELAIN (CERAMIC)

Porcelain is a glass-like material formed into fillings or crowns using models of the prepared teeth. The material is tooth-colored and is used in inlays, veneers, crowns and fixed bridges.

Advantages

- ♥ Very little tooth needs to be removed for use as a veneer; more tooth needs to be removed for a crown because its strength is related to its bulk (size)
- ♥ Good resistance to further decay if the restoration fits well
- ♥ Is resistant to surface wear but can cause some wear on opposing teeth
- ♥ Resists leakage because it can be shaped for a very accurate fit
- ♥ The material does not cause tooth sensitivity

Disadvantages

- Material is brittle and can break under biting forces
- May not be recommended for molar teeth
- Higher cost because it requires at least two office visits and laboratory services

NICKEL OR COBALT-CHROME ALLOYS

Nickel or cobalt-chrome alloys are mixtures of nickel and chromium. They are a dark silver metal color and are used for crowns and fixed bridges and most partial denture frameworks.

Advantages

- ♥ Good resistance to further decay if the restoration fits well
- ♥ Excellent durability; does not fracture under stress
- ♥ Does not corrode in the mouth
- ♥ Minimal amount of tooth needs to be removed
- ♥ Resists leakage because it can be shaped for a very accurate fit

Disadvantages

- Is not tooth colored; alloy is a dark silver metal color
- Conducts heat and cold; may irritate sensitive teeth
- Can be abrasive to opposing teeth
- High cost; requires at least two office visits and laboratory services
- Slightly higher wear to opposing teeth



Dental Materials – Advantages & Disadvantages

GLASS IONOMER CEMENT

Glass ionomer cement is a self-hardening mixture of glass and organic acid. It is tooth-colored and varies in translucency. Glass ionomer is usually used for small fillings, cementing metal and porcelain/metal crowns, liners, and temporary restorations.

Advantages

- ♥ Reasonably good esthetics
- ♥ May provide some help against decay because it releases fluoride
- ♥ Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- ♥ Material has low incidence of producing tooth sensitivity
- ♥ Usually completed in one dental visit

Disadvantages

- Cost is very similar to composite resin (which costs more than amalgam)
- Limited use because it is not recommended for biting surfaces in permanent teeth
- As it ages, this material may become rough and could increase the accumulation of plaque and chance of periodontal disease
- Does not wear well; tends to crack over time and can be dislodged

RESIN-IONOMER CEMENT

Resin ionomer cement is a mixture of glass and resin polymer and organic acid that hardens with exposure to a blue light used in the dental office. It is tooth colored but more translucent than glass ionomer cement. It is most often used for small fillings, cementing metal and porcelain metal crowns and liners.

Advantages

- ♥ Very good esthetics
- ♥ May provide some help against decay because it releases fluoride
- ♥ Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- ♥ Good for non-biting surfaces
- ♥ May be used for short-term primary teeth restorations
- ♥ May hold up better than glass ionomer but not as well as composite
- ♥ Good resistance to leakage
- ♥ Material has low incidence of producing tooth sensitivity
- ♥ Usually completed in one dental visit

Disadvantages

- Cost is very similar to composite resin (which costs more than amalgam)
- Limited use because it is not recommended to restore the biting surfaces of adults
- Wears faster than composite and amalgam

Toxicity of Dental Materials

Dental Amalgam

Mercury in its elemental form is on the State of California's Proposition 65 list of chemicals known to the state to cause reproductive toxicity. Mercury may harm the developing brain of a child or fetus.

Dental amalgam is created by mixing elemental mercury (43-54%) and an alloy powder (46-57%) composed mainly of silver, tin, and copper. This has caused discussion about the risks of mercury in dental amalgam. Such mercury is emitted in minute amounts as vapor. Some concerns have been raised regarding possible toxicity. Scientific research continues on the safety of dental amalgam. According to the Centers for Disease Control and Prevention, there is scant evidence that the health of the vast majority of people with amalgam is compromised.

The Food and Drug Administration (FDA) and other public health organizations have investigated the safety of amalgam used in dental fillings. The conclusion: no valid scientific evidence has shown that amalgams cause harm to patients with dental restorations, except in rare cases of allergy. The World Health Organization reached a similar conclusion stating, "Amalgam restorations are safe and cost effective."

A diversity of opinions exists regarding the safety of dental amalgams. Questions have been raised about its safety in pregnant women, children, and diabetics. However, scientific evidence and research literature in peer-reviewed scientific journals suggest that otherwise healthy women, children, and diabetics are not at an increased risk from dental amalgams in their mouths. The FDA places no restrictions on the use of dental amalgam.

Composite Resin

Some Composite Resins include Crystalline Silica, which is on the State of California's Proposition 65 list of chemicals known to the state to cause cancer.

It is always a good idea to discuss any dental treatment thoroughly with your dentist.

DENTAL AMALGAM FILLINGS

Dental amalgam is a self-hardening mixture of silver-tin-copper alloy powder and liquid mercury and is sometimes referred to as silver fillings because of its color. It is often used as a filling material and replacement for broken teeth.

Advantages

- ♥ Durable; long lasting
- ♥ Wears well; holds up well to the forces of biting
- ♥ Relatively inexpensive
- ♥ Generally completed in one visit
- ♥ Self-sealing; minimal-to-no shrinkage and resists leakage
- ♥ Resistance to further decay is high, but can be difficult to find in early stages
- ♥ Frequency of repair and replacement is low

Disadvantages

- Refer to “What About the Safety of Filling Materials”
- Gray colored, not tooth colored
- May darken as it corrodes; may stain teeth over time
- Requires removal of some healthy tooth
- In larger amalgam fillings, the remaining tooth may weaken and fracture
- Because metal can conduct hot and cold temperatures, there may be a temporary sensitivity to hot and cold.
- Contact with other metals may cause occasional, minute electrical flow

The durability of any dental restoration is influenced not only by the material it is made from but also by the dentist’s technique when placing the restoration. Other factors include the supporting materials used in the procedure and the patient’s cooperation during the procedure. The length of time a restoration will last is dependent upon your dental hygiene, home care, and diet and chewing habits.

COMPOSITE RESIN FILLINGS

Composite fillings are a mixture of powdered glass and plastic resin, sometimes referred to as white, plastic, or tooth-colored fillings. It is used for fillings, inlays, veneers, partial and complete crowns, or to repair portions of broken teeth.

Advantages

- ♥ Strong and durable
- ♥ Tooth colored
- ♥ Single visit for fillings
- ♥ Resists breaking
- ♥ Maximum amount of tooth preserved
- ♥ Small risk of leakage if bonded only to enamel
- ♥ Does not corrode
- ♥ Generally holds up well to the forces of biting depending on product used
- ♥ Resistance to further decay is moderate and easy to find
- ♥ Frequency of repair or replacement is low to moderate

Disadvantages

- Refer to “*What About the Safety of Filling Materials*”
- Moderate occurrence of tooth sensitivity; sensitive to dentist’s method of application
- Costs more than dental amalgam
- Material shrinks when hardened and could lead to further decay and/or temperature sensitivity
- Requires more than one visit for inlays, veneers, and crowns
- May wear faster than dental enamel
- May leak over time when bonded beneath the layer of enamel

