



DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE (home): _____ (cell): _____

E-MAIL ADDRESS (optional): _____

MARITAL STATUS: _____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____

DATE OF BIRTH: _____

OCCUPATION: _____

EMPLOYER: _____

ADDRESS: _____

PHONE: _____

SPOUSE'S NAME: _____

EMERGENCY PHONE: _____

EMERGENCY NAME: _____

PERSON RESPONSIBLE FOR DENTAL INVESTMENT:

Name: _____

How did you hear about our office?

Why did you leave your last dentist?

What are your present dental problems?

When was your last dental appointment?

FOR INSURANCE PURPOSES

Name of Insurance Co.: _____

Ins. Co. Address: _____

Name of Policyholder: _____

Social Security # of Policyholder: _____

Employer of Policyholder: _____

Group #: _____

Are you covered by another plan? Yes ___ No ___

If so, name of Insurance Co.: _____

Social Security # of Policyholder: _____

Date of Birth of Policyholder: _____

Group #: _____

PLEASE ANSWER THE FOLLOWING:

Do you ever avoid any part of the mouth while brushing?..... Yes / No

Are you dissatisfied with your teeth and their appearance?..... Yes / No

Do your gums bleed when brushing?..... Yes / No

Does food catch between your teeth?..... Yes / No

Are your teeth sensitive to:
Hot or cold?..... Yes / No
Sweets?..... Yes / No
Biting pressure?..... Yes / No

Have you noticed any gum swelling around your teeth?..... Yes / No

Does your jaw click?..... Yes / No

Are you deeply concerned about the finances required to return your mouth to excellent dental health?..... Yes / No

If I could change my smile I would make my teeth:
___Whiter___Straighter___Repair chipped teeth___Close spaces

I think my present state of dental health is:
___Excellent___Good___Poor

Does dental treatment make you nervous?
___No___Lightly___Moderately___Extremely

Patient Name: _____
Sex: _____ Age: _____ Height: _____ Weight: _____
Marital Status: _____

Directions

Please circle the appropriate answer to the questions and fill in the blanks where indicated. Answer all questions and blanks completely.

Answers to the following questions are for our records and will be considered confidential.

1. Are you in good health?.....Yes / No
2. Has there been any change in your general health?.....Yes / No
3. My last physical examination was on _____
4. Are you now under the care of a physician?.....Yes / No
If so, what is the condition being treated?

5. The name and address of my physician is:

6. Have you had serious illness or operation?.....Yes / No
If so, what was the illness or operation? _____
7. Have you been hospitalized or had serious illness within the last 5 years?.....Yes / No
 - a. Do you have a persistent cough or cough up blood?.....Yes / No
 - b. Low blood pressure?.....Yes / No
 - c. Venereal disease?.....Yes / No
 - d. AIDS or HIV?.....Yes / No
 - e. Other: _____
8. Have you had abnormal bleeding associated with previous extractions, surgery, or trauma?.....Yes / No
 - a. Do you bruise easily?.....Yes / No
 - b. Have you had blood transfusion(s)?.....Yes / No
If so, explain the circumstances: _____
9. Do you have any blood disorders, such as anemia?.....Yes / No
10. Have you had surgery or x-ray treatment for a tumor, growth, or other condition of your mouth or lips?.....Yes / No
If so, what? _____
11. Are you taking any drug or medication?.....Yes / No
If so, what? _____
12. Are you taking the following?
 - a. Antibiotics or sulfa drugs.....Yes / No
 - b. Anticoagulants (blood thinners).....Yes / No
 - c. Medicine for high blood pressure.....Yes / No
 - d. Cortisone (steroids).....Yes / No
 - e. Tranquilizers.....Yes / No
 - f. Aspirin.....Yes / No
 - g. Insulin, Tolbutamide (Orinase), or similar drug.....Yes / No
 - h. Digitalis or drugs for heart trouble.....Yes / No
 - i. Nitroglycerin.....Yes / No
 - j. Fen-Phen (now or in the past).....Yes / No
 - k. Oral contraceptives.....Yes / No
If so, what are you using? _____
 - l. Other: _____
13. Do you have a heart murmur/mitral valve prolapse?.....Yes / No

14. Do you have any implants and/or prostheses (i.e. knee joints, elbow pins, etc.).....Yes / No
If so, explain: _____
15. Do you smoke?.....Yes / No
If so, how much? _____
16. Do you drink alcoholic beverages?.....Yes / No
17. Do you have, or have you had, any of the following diseases or problems?
 - a. Rheumatic fever or rheumatic heart disease.....Yes / No
 - b. Congenital heart lesions.....Yes / No
 - c. Cardiovascular disease (heart trouble, heart attack, coronary occlusion, high blood pressure, arteriosclerosis, stroke)Yes / No
 1. Do you have pain in the chest upon exertion? Yes / No
 2. Are you ever short of breath after mild exercise?.....Yes / No
 3. Do you get short of breath when you lie down, or do you require extra pillows when you sleep?.....Yes / No
 - d. Allergy.....Yes / No
 - e. Asthma or hay fever.....Yes / No
 - f. Hives or skin rash.....Yes / No
 - g. Fainting spells or seizures.....Yes / No
 - h. Diabetes.....Yes / No
 1. Do you urinate more than 6 times a day?.....Yes / No
 2. Are you thirsty much of the time?.....Yes / No
 3. Does your mouth frequently become dry?.....Yes / No
 - i. Hepatitis, jaundice, or liver disease.....Yes / No
 - j. Arthritis.....Yes / No
 - k. Inflammatory rheumatism (painful, swollen joints) Yes / No
 - l. Stomach ulcers.....Yes / No
 - m. Kidney trouble.....Yes / No
 - n. Tuberculosis.....Yes / No
18. Are you allergic to or have you reacted adversely to:
 - a. Local anesthetic.....Yes / No
 - b. Penicillin or other antibiotics.....Yes / No
 - c. Barbiturates, sedatives, or sleeping pills.....Yes / No
 - d. Sulfa drugs.....Yes / No
 - e. Aspirin.....Yes / No
 - f. Iodine.....Yes / No
 - g. Latex.....Yes / No
 - h. Other: _____
19. Have you had any serious trouble associated with previous dental treatment?.....Yes / No
If yes, explain: _____
20. Are you pregnant, or could you be?.....Yes / No
If yes, when are you due? _____

I certify to the best of my knowledge that the above information is correct and that if there are any changes in the above, I agree to notify my dentist before my next visit.

Patient/Guardian: _____ Date: _____

Doctor: _____ Date: _____

| |
|---|
| Updates: Patient/Guardian _____ Doctor's Initials _____ Date _____ Patient/Guardian _____ Doctor's Initials _____ Date _____ Patient/Guardian _____ Doctor's Initials _____ Date _____ |
|---|

Informed Consent

Patient Name: _____ DOB: _____

1. WORK TO BE DONE

I understand that I am having the following work done: Fillings _____ Crowns _____ Extractions _____
Impacted Teeth Removed _____ Root Canals _____ Dentures _____ Other _____ Initials _____

2. DRUGS AND MEDICATION

I understand that antibiotics and analgesics and other medications can cause redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock. Initials _____

3. CHANGES 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. For example, root canal therapy following routine restorative procedures. I give my permission for the dentist to make any/all changes and additions as necessary. Initials _____

4. REMOVAL OF TEETH

Alternatives to removal have been explained to me (root canal therapy, crowns, periodontal surgery, etc.), and I authorize the dentist to remove the following tooth _____ and any other 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 (parasthesia) 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 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 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. It is also my responsibility to return for permanent cementation within 30 days of tooth preparation. Excessive delays may allow for tooth movement. This may necessitate a remake of the crown, bridge, or cap. I understand there will be additional charges for remakes due to my delaying permanent cementation. Initials _____

6. 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 root canal filling material may extend through the root, which does not necessarily affect the success of the treatment. Initials _____

7. PERIODONTAL LOSS (TISSUE & BONE)

I understand that I have a serious condition causing gum and bone inflammation or loss that 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 not undertaking any dental procedures may have a future adverse effect on my periodontal condition. Initials _____

8. FILLINGS

I understand that care must be exercised in chewing on fillings, especially during the first 24 hours, to avoid breakage. I understand that a more extensive filling than originally diagnosed may be required due to decay. I understand that significant sensitivity is a common aftereffect of a newly placed filling. Initials _____

9. DENTURES

I understand the wearing of dentures is difficult. Sore spots, altered speech, and difficulty eating are common problems. Immediate dentures (placement of denture immediately after extractions) may be painful. Immediate dentures may require considerable adjusting and several lines. A permanent relin will be needed later. This is not included in the denture fee. I understand that it is my responsibility to return for delivery of the dentures. I understand that failure to keep my delivery appointment may result in poorly fitted dentures. If a remake is required due to delays of more than 30 days, there will be additional charges. Initials _____

I understand that dentistry is not an exact science and that therefore reputable practitioners cannot properly guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding dental treatment, which I have requested and authorized. I understand that each dentist is an individual practitioner and is individually responsible for the dental care rendered to me. I also understand that no other dentist is responsible for my dental treatment.

I hereby authorize any of the doctors or dental auxiliaries of this office to proceed with and perform the dental restorations and treatments as explained to me. I understand that this is only an estimate and subject to modification depending on unforeseen or undiagnosable circumstances that may arise during the course of treatment. I understand that regardless of any dental insurance coverage I may have, I am responsible for payment of dental fees. I agree to pay any attorney's fee, collection fees, or court costs that may be incurred to satisfy this obligation.

Should any dispute arise over dental services provided to me that is whether any dental service rendered as allegedly unnecessary, unauthorized, or was improperly, negligently, or incompetently performed, said dispute will be submitted to Peer Review by the local component of the American Dental Association. The decision of Peer Review shall be binding on both parties.

I have read, understood, and agreed to the above. I agree that a photocopy of this authorization shall be as valid and effective as the original forever. I am of legal age and legally competent to make this assignment.

Signature: _____ Date: _____
(Patient or Spouse or Parent)

Doctor: _____ Witness: _____



Notice of Privacy Practices

This information 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

Federal and state law requires us to maintain the privacy of your health information. That law also requires us 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 we describe in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice any time, provided such applicable law permits the change. We reserve the right to make the changes in our privacy practices and 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 at the end of this notice.

Uses and Disclosures of Health Information

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

Treatment: We may use and disclose your health information to obtain payment for services we provide to you. We may also disclose your health information to another health care provider or entity that is subject to the Federal Privacy Rules for its payment activities.

Health Care Operations: We may use and disclose your health information for our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities. We may disclose your health information to another health care provider or organization that is subject to the Federal Privacy Rules and that has a relationship with you to support some of their health care operations. We may disclose your information to help these organizations conduct quality assessment and improvement activities, review the competence or qualification of health care professionals, or detect or prevent health care fraud and abuse.

On Your Authorization: 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 uses 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 may disclose your health information to a family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care. Before we disclose your health information to these people, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest. We may 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. We may use or disclose information about you to notify or assist in notifying a person involved in your care of your location and general condition.

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

Disaster Relief: We may use or disclose your health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Public Benefit: We may use or disclose your health information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- as required by law;
- for public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- to health oversight agencies;
- in response to court and administrative orders and other lawful processes;
- to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- to coroners, medical examiners, and funeral directors;
- to an organ procurement organization;
- to avert a serious threat to health or safety;
- in connection with certain research activities;
- to the military and to Federal officials for lawful intelligence, counterintelligence, and national security activities;
- to correctional institutions regarding inmates; and
- as authorized by state worker's compensation laws.

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 request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you a reasonable cost-based fee that may include labor, copying costs, and postage. 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 may—but are not required to—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 more information about fees.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information over the last 6 years (but not before April 14, 2003). That list will not include disclosures for treatment, payment, health care operations, as authorized by you, and for certain other activities. 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. Contact us using the information listed at the end of this notice for more information about fees.

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). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. Your request is not binding unless our agreement is in writing.

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. You must specify in your request the alternative means or location, and provide satisfactory explanation how you will handle payment 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 we should amend the information. We may deny your request under certain circumstances.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you believe that:

- we may have violated your privacy rights,
- we made a decision about access to your health information incorrectly,
- our response to a request you made to amend or restrict the use or disclosure of your health information was incorrect, or
- we should communicate with you by alternative means or at alternative locations,

you may contact us using the information listed below. 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.

Dentist Contact Office: Flintridge Dental Studio
Telephone: 818-495-3141
E-Mail: Info@FlintridgeDentalStudio.com



**4542 Rinetti Lane
La Cañada Flintridge, CA 91011
(818) 495-3141**

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

SECTION A: The Patient

Name: _____

Address: _____

Telephone: _____ E-Mail: _____

SECTION B: Acknowledgement of Receipt of Privacy Practices Notice

I, _____, acknowledge that I have received a Notice of Privacy Practices from the above-named practice.

Signature: _____ Date: _____

If a personal representative signs this authorization on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

SECTION C: Good-Faith Effort to Obtain Acknowledgement of Receipt

Describe your good-faith effort to obtain the individual's signature on this form:

SIGNATURE

I ATTEST THE INFORMATION IS CORRECT

Signature: _____ Date: _____

Print Name: _____ Title: _____



INSURANCE VERIFICATION/BENEFITS

Patient's Name: _____ DOB: _____

Subscriber (if different): _____ Relationship: _____

Subscriber's SS# or ID#: _____ Group #: _____

Employer: _____ Local #: _____

Ins. Co.: _____ Phone #: _____

Dental Claims Mailed To: _____

Spoke With: _____

Dependants: _____

Age Limit: _____ Students to Age: _____ Benefits same for spouse/dep: Y/N

Maximum: \$ _____ Calendar/Fiscal Year Eff. Date: ____ / ____ / ____

DED:\$ _____ (individual) _____ (family) met for this year: Y/N

Diagnostic % _____ DED applies: Y/N Based on: UCR/their own fee sch.

Preventative % _____ DED applies: Y/N

Basic % _____

Major % _____ Cast Restorations % _____ Prosthesis % _____

Preauth Required: Y/N/Advised Waiting Period: Y/N

Prior Extractions Covered: Y/N Posterior Composites: Y/N

Sealants Covered: Y/N First Molar to Age: _____ Second Molars: _____

FMX _____ Every _____ Yrs Last Taken: ____ / ____ / ____ Prophyl _____ Every _____ Mths _____ last done

BWS _____ Every _____ Mths Last Taken: ____ / ____ / ____

SRPs 4341- _____ IRRIG 9630- _____ Arestin 4381- _____ NG 9940- _____ Ortho _____

The following document is the Dental Board of California's Dental Materials Fact Sheet. The Department of Consumer Affairs has no position with respect to the language of this Dental Material Fact Sheet; and its linkage to the DCA website does not constitute an endorsement of the content of this document.

The Dental Board of California Dental Materials Fact Sheet

Adopted 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 Terms¹ 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 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 (1/50th 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, there 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 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.¹ 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 population are alleged to be allergic to nickel.² 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.

¹ Dental Amalgam: A scientific review and recommended public health service strategy for research, education and regulation, Dept. of Health and Human Services, Public Health Service, January 1993.

² Merck Index 1983. Tenth Edition, M Narsha Windhol z, (ed).

Comparisons of Direct Restorative Dental Materials

| TYPES OF DIRECT 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 and resin polymer and organic acid; self hardening by exposure to blue light. |
| Principle Uses | 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 crowns, liners, temporary restorations. | Small fillings; cementing metal & porcelain/metal crowns, and liners. |
| Resistance to Further Decay | High; self-sealing characteristic helps resist recurrent decay; but recurrent decay around amalgam is difficult to detect in its early stages. | Moderate; recurrent decay is easily detected in early stages. | Low-Moderate; some resistance to decay may be imparted through fluoride release. | Low-Moderate; some 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; bonds adhesively to healthy 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. Fair in non-stress bearing applications. | Poor in stress-bearing applications; Good in non-stress bearing applications. |
| 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 for stress-bearing restorations in adults. |
| Resistance to Leakage | Good; self-sealing by surface corrosion; margins may chip over time, | Good if bonded to enamel; may show leakage over time when bonded to dentin; Does not corrode. | Moderate; tends to crack over time. | Good; adhesively bonds to resin, enamel, dentine/ post-insertion expansion may help 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 surfaces of adults; suitable for short-term primary teeth restorations. |
| 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 slightly over time; predisposing to plaque accumulation and periodontal disease if the material contacts the gingival tissue. |
| Susceptibility to Post-Operative Sensitivity | Minimal; High thermal conductivity may promote temporary sensitivity to hot and cold; Contact with other metals may cause occasional and transient galvanic response. | Moderate; Material is sensitive to dentist's 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 corrodes. 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-Moderate; durable material hardens rapidly; some composite materials show more rapid wear than amalgam. Replacement is usually due to marginal leakage. | Moderate; Slowly dissolves in mouth; easily dislodged. | Moderate; more resistant to dissolving than glass ionomer, but less than composite resin. |
| 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 veneers and crowns). | Moderate; similar to composite resin (not used for veneers and crowns). |
| Number of Visits Required | Single visit (polishing may require a second visit) | Single visit for fillings; 2+ visits for indirect inlays, veneers and crowns. | Single visit. | Single visit. |

Comparisons of Indirect Restorative Dental Materials

| 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-bridges. | Mixtures of gold, copper and other metals used mainly for crowns and fixed bridges. | Mixtures of nickel, chromium. |
| Principle Uses | Inlays, veneers, crowns and fixed-bridges. | Crowns and fixed-bridges. | Cast crowns and 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 under 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 Tooth Preserved | Good - Moderate. Little removal of natural tooth is necessary for veneers; more for crowns since strength is related to its bulk. | Moderate-High. More 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 and bridges. | Similar hardness to natural enamel; does not abrade opposing teeth. | Harder than natural enamel but minimally abrasive to opposing natural teeth. does 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 fabricated for very accurate fit of the margins of the crowns. | Good – Very good depending upon design of the margins of the crowns. | Very good – Excellent. Can be formed with great precision and 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. Occasional/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 individuals . | 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 teeth may require more visits. | Two - minimum; matching esthetics of teeth may require more visits. | Two - minimum | Two - minimum |



Patient Acknowledgement of Receipt of Dental Materials Fact Sheet

I, _____, acknowledge that I have received from Flintridge Dental Studio a copy of the Dental Materials Fact Sheet.

Patient Signature: _____ Date: _____