LUNAR SMILE
DENTISTRY

475 Wharncliffe Rd S, London, ON N6J 2N1
226-884-2573 · info@lunarsmiledentistry.ca
lunarsmiledentistry.ca

PROCEDURE CONSENT

Consent for Fillings

Before you sign. Read this form carefully and ask us about anything that is unclear before you sign. Your dentist will go over it with you before treatment begins. To fill it in on a computer, open it in Adobe Acrobat Reader (free), then save it and email it to info@lunarsmiledentistry.ca, or print it and bring it to your appointment.

Patient

Patient full name

Date of birth (YYYY-MM-DD)

Phone

Tooth number(s) or area (if known)

About your fillings

Your treatment plan includes one or more tooth-coloured (composite) fillings, either to repair new decay or to replace older fillings that are worn, leaking or broken. Composite is bonded to the tooth with a dental adhesive. A filling may last anywhere from a few years to ten years or more, depending on its size and position, the forces of your bite, your diet and your home care.

Freezing (local anaesthetic)

Local anaesthetic is very safe and effective. Problems are rare, but you should know about them:

- **Lower teeth.** The injection is given near nerves that also supply the tongue. Very rarely, one of these nerves is irritated, leaving part of the tongue numb or with changed taste for weeks or months. In extremely rare cases this does not fully recover.
- **Upper teeth.** The area has many small blood vessels, so a small bruise can occasionally appear.
- **Epinephrine.** Most anaesthetics contain epinephrine to make the freezing last longer. It can sometimes cause a brief feeling of a racing heartbeat.

If the decay is deeper than expected

We usually know before your appointment whether a tooth needs a root canal. Sometimes, though, the full extent of the decay only shows once the old filling or decay is removed. If the decay reaches the nerve, root canal treatment or another approach may be needed. If that happens, we will stop and explain before going ahead.

After your filling

New fillings are often sensitive, especially to cold, for up to 4 to 6 weeks. Call us if the sensitivity is getting worse instead of better, or if the tooth hurts when you bite. A small adjustment to your bite usually fixes it.

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Your consent

Please tick each statement to confirm it is true for you.

- ☐ I have read this form, or had it read to me, and I understand it.
- ☐ My dentist has explained the procedure, why it is recommended, the possible risks, and the other options available to me, including no treatment.
- ☐ I have had the chance to ask questions, and my questions have been answered to my satisfaction.
- ☐ I understand that dentistry is not an exact science and that no particular result has been promised or guaranteed to me.
- ☐ I have given an accurate and complete health history, including medications, allergies, past reactions, and pregnancy if applicable.

Consent. I consent to the fillings recommended in my treatment plan, including local anaesthetic.

Signed by: ○ Patient ○ Parent ○ Legal guardian ○ Spouse / partner ○ Substitute decision-maker

Full name of person signing

Relationship (if not the patient)

Email

Signature

X _____

Date (YYYY-MM-DD)

Sign with the Fill & Sign tool in Adobe Acrobat Reader, or print this page and sign by hand.

For office use

Reviewed with patient by

Witness

Date