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A.C. Villarreal Family Dental

INFORMED CONSENT

Consent For Fillings

Teeth numbers and surfaces _____

I understand that my teeth need one or more fillings to replace defective existing fillings, to restore tooth structure that has been lost to decay, to repair a tooth that has been damaged by trauma or wear, or a combination of these.

Any time a filling is done the tooth can be sensitive afterwards sometimes resulting in the need for a root canal.

Anytime an old filling is removed more extensive decay or a fracture of the tooth can be discovered resulting in the need for more extensive treatment such as a root canal, a crown or an extraction.

There is no assertion of any kind that the removal of filling containing mercury and replacing it with a tooth-colored filling material will be of benefit to your health.

Every attempt will be made to contour the filling such that it will not interfere with your bite at the time of your appointment. Since you will likely have received local anesthetic for the procedure and may not be biting down the way you usually do, an additional appointment to adjust the bite on your new filling may be necessary.

I give permission for the use of local anesthetic agents and anxiolytic and/ or sedative medications that may become necessary. Some of the possible side effects to local anesthetic are prolonged or permanent numbness of the lips, tongue or gum, allergic reactions, rapid heart rate, and reactions with other drugs that you are taking.

I give my permission for the doctor to perform any and all procedures that may become necessary during the course of my treatment.

In the case of tooth colored fillings, every attempt will be made to match the color and shade of your tooth, but variations may occur.

Patient
Signature _____ Date _____

Parent or Guardian if Patient under 18 _____