



IMPRESSIONS DENTAL

5970 S. COOPER RD. STE #1 CHANDLER, AZ 85249 • (480) 814-8888

Dental Treatment Consent Form Fillings

I understand that my dentist has recommended a resin-composite (tooth-colored) filling to repair a cavity caused by decay or fracture. I understand that in most cases analgesics are required to numb the area being worked on; analgesics can cause allergic reactions causing redness, swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction). I further understand that the amount of decay or condition of a tooth is not always evident on x-rays or through initial visual examination. I understand that it may be found that the filling may be larger than initially thought. The filling may also be located close to a nerve which may require a "pulp cap" to protect the nerve. In some cases 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 and/or crown restoration. The cost of these additional procedures may vary and may be an increase from the cost assumed for the filling as originally diagnosed.

Patient Name: _____

Patient and/or Guardian Signature: _____

Date: _____

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