



**INFORMATION INFORMED CONSENT
INLAYS AND/OR ONLAYS**

I UNDERSTAND that treatment of dental conditions requiring wither porcelain, composite resin or metal INLAYS OR ONLAYS includes certain risks and possible unsuccessful results, including the possibility of failure. Even though care and diligence is exercised in the treatment of conditions requiring crowns and bridgework and fabrication of same, there are no promises or guarantees of anticipated results or the longevity of the treatment, with the following exception: Dr. Gordon will guarantee the work against breakage for 5 years from the seat date. Nevertheless, I agree to assume the risks, possible unsuccessful results and/or failure associated with, but not limited to the following:

- 1. Reduction of tooth structure:** In order to replace decayed or otherwise traumatized teeth it is necessary to modify the existing tooth or teeth so that inlays or onlays may be placed upon or within them. Tooth preparation will be done as conservatively as possible but is mitigated by the extent of decay or by the presence of prior fillings, etc.
- 2. Injury:** During the reduction of tooth structure or adjustments done to temporary restorations, it is possible for the tongue, cheek or other oral tissues to be inadvertently abraded or lacerated (cut). In some cases, sutures or additional treatment may be required.
- 3. Local Anesthesia:** In order to reduce tooth structure without casing undue paid during the procedure, it will be necessary to administer local anesthetic. Such administration may cause reactions or side effects which include, but are not limited to, bruising, hematoma, cardiac stimulation, temporary or, rarely permanent numbness of the tongue, lips, teeth, jaws and/or facial tissues, and muscle soreness.
- 4. Sensitivity of teeth:** Often, after the preparation of teeth for the reception of either inlays or onlays, the teeth may exhibit sensitivity, which can range from mild to severe. This sensitivity may last only for a short period of time or may last for much longer periods. If sensitivity is persistent, this office should be notified immediately such as that all possible causes of the sensitivity may be ascertained.
- 5 Following Inlay or Onlay preparation and placement of individual teeth, the involved tooth or teeth may require root canal treatment:** Teeth, after being prepared for inlays or onlays, may develop a condition know as pulpitis or pulpal degeneration. Usually this cannot be predetermined. The tooth or teeth may have been traumatized from an accident, deep decay, prior fillings, extensive preparation, or other causes. It is often necessary to do root canal treatment in these teeth particularly if teeth remain appreciably sensitive for a long period of time following inlay or onlay seating. Infrequently, the tooth (teeth) may abscess or otherwise not heal completely. In this event, periapical surgery or even extraction may be necessary. Access necessary to perform root canal treatment may weaken the inlay/onlay as well.
- 6. Breakage:** Inlays or Onlays may possible chip or break. Many facts can contribute to this situation such as chewing excessively hard materials, changes in biting forces exerted, traumatic blows to the mouth, etc. Unobservable cracks may develop in inlays or onlays from these causes, but these restorations may not actually break until chewing soft foods, or for no apparent reason. Breakage or chipping seldom occurs due to defective materials or construction unless it occurs soon after placement.
- 7. Uncomfortable or strange feeling:** This may occur because of the differences between natural teeth and the contour of the newly restored teeth, especially if the inlays or onlays replace substantial missing tooth structure. Most patients usually become accustomed to this feeling in time. In limited situations, muscle soreness or tenderness of the jaw joints (TMJ) may persist for indeterminable periods of time following placement of the restorations.
- 8. Esthetics or appearance:** Patients will be given the opportunity to observe the appearance of inlays or onlays in their mouth prior to final cementation. If satisfactory, this fact will be acknowledged by the patient’s signature (or signature of legal guardian) on the bottom of this form where indicated.
- 9. Longevity of Inlays or Onlays:** There are many variables that determine “how long” inlays or onlays can be expected to last. Among these are some of the factors mentioned in preceding paragraphs. In addition, general health, good oral hygiene , regular dental checkups, diet, etc., can affect longevity. Because of this, no guarantees can be made or assumed to be made concerning how long these restorations will last.
- 10. Nightguards:** In some cases when multiple inlays or onlays are placed, the dentist may recommend a nightguard to protect the new restorations, especially if the inlays or onlays are expected to be subject to wear and breakage. If a nightguard is recommended or made but not worn by the patient, there will be an increased risk of breakage or fracture, especially if the inlays or onlays are made of composite resin or porcelain.
- 11. It is the patient’s responsibility to seek attention from the dentist should any undue or unexpected problems occur. The patient must diligently follow any and all instructions, including the scheduling and attending all appointments. Failure to keep the cementation appointment can result in ultimate failure of the inlay/onlay to fit properly and an additional fee may be assessed.**

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of treatment involving preparation and placement of inlays or onlays and have received answers to my satisfaction. I voluntarily assume any and all possible risks, including risk or substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desires results, which may or may not be achieved. No guarantees or promises have been mad to me concerning the results. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. David P. Gordon and/or his associates to render treatment involving inlays or onlays considered necessary and/or advisable to my dental condition, including the prescribing and administering of any medications and/or anesthetics deemed necessary for my treatment.

Patient’s name (please print)	Signature of patient, legal guardian Or other authorized representative.	Date
Tooth #(s)	Witness to signature	Date