Infinity Dental 8940 W. Tropicana Ave Las Vegas, NV. 89147 702-248-4448

Composite Fillings:

Patient Name:	Date:
Teeth #(s):	
may be more aesthetic in appearance than some oused, such as silver amalgam or gold, may entail countries that may be desired or expected. I agree	nvolving the placement of composite resin fillings, which of the conventional materials that have been traditionally ertain risks. There is also the possibility of failure to achieve the to assume those risks that may occur even if care and dering this treatment. These risks include possible sociated with but not limited to the following:
prepared teeth may exhibit sensitivity. The only for a short period of time or last for r	on of teeth for the placement of any restoration, the e sensitivity may be mild to severe. The sensitivity may last much longer periods of time. If such sensitivity is persistent will notify the dentist as this may be a sign of more serious
 Risk of fracture: Inherent in the placemer creation of small fracture lines in the toot 	nt or replacement of any restoration is the possibility of the h structure. Sometimes these fractures are not apparent at e and/or the previous fillings and placement or er time.
 Necessity for Root Canal Therapy: Remove required to properly restore. At times, the 	val of the diseased or compromised tooth structure may is is may lead to exposure or trauma to underlying pulp ten is exhibited by extreme sensitivity or possible abscess,
 Injury to the Nerves: There is a possibility other oral or facial tissues from any denta 	of injury to the nerves of the lips, jaws, teeth, tongue or all treatment, particularly those involving the administration ess that can occur is usually temporary but, in rare
 Aesthetics or Appearance: When a compapproximate the appearance of natural to shades of teeth, it may not be possible to 	osite filling is placed, effort will be made to closely both color. However, because many factors affect the exactly match the tooth coloration. Also, the shade of the ecause of a variety of factors including mouth fluids, foods, over these factors.
X	Date:

Employee/Assistant Initials: _____