Consent for a Filling

Placing a filling is a dental procedure during which decay is removed from a tooth and the cavity is restored with a filling material. The intended benefits of the procedure include removal or prevention of pain and returning the tooth to its correct shape.

As with all medical procedures there are risks and potential complications which you must be aware of before you can give your consent to proceed.

Expected complications

• Numbness lasting a few hours.

• Soreness of the gums lasting a few days.

Common risks and complications

• Trauma to other parts of the mouth including adjacent teeth, gums, cheeks, tongue etc.

• Some teeth will still be sensitive for some time after the procedure.

• Darkening of the tooth depending on the material used.

• Inability to return the tooth to a perfect shape which could result in it being more difficult to look after.

Rare risks and complications

• Weakening of the tooth being treated meaning it might require further work in the future to restore it to decent strength.

• Trauma to tissues underneath the tooth including bone, sinus, nerves supplying other teeth etc.

• Allergic reaction to something used during the procedure.

Fillings are not successful 100% of the time even if all parts of the procedure go as planned. The decay may have already irritated the nerve which could result in toothache in the future. Therefore some teeth that have undergone this procedure will require a root canal treatment or might require extraction.

Alternative options

1. Referral to a specialist in this field who may be able treat the tooth better via the use of a microscope and specialist equipment etc.

2. Treating the tooth in a different way such as extraction or crowning the tooth.

3. Refusing treatment but this will result in a high risk of further pain and infection from this tooth.

By signing below I acknowledge that this procedure has been explained to me and I have had time to ask questions, consider my options and am happy to proceed. I am also aware that I have the right to seek a second opinion from another dentist at any time.

Signed: