

Restoration Consent Form

*Composite (White) or Amalgam (Silver) Fillings*

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Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Our office is dedicated to providing the highest quality of dental care to our patients. We highly recommend composite fillings over amalgam fillings. The average silver filling is an amalgam of 50% mercury, 30% silver, and a bit of copper, tin and zinc. At this time, studies show that amalgams are not toxic or harmful. However, Dr. Smith does not believe amalgam restorations offer the benefits of composite restorations. For the following reasons, Dr. Smith recommends composite fillings in place of amalgam fillings:

- ❖ **Composite fillings are stronger** because they actually bond to your teeth. Composites bond the remaining walls of the tooth together. Amalgams do not. There is a gap between the filling and the tooth, which significantly decreases the strength of the tooth. This gap provides a pathway for bacteria which can cause further decay.
- ❖ **Amalgam fillings expand and contract** creating a wedge in the tooth, therefore weakening it. Over time, the tooth will eventually break apart leading to the need for a crown or further expense.
- ❖ **Composite fillings restore teeth to their original, naturally beautiful appearance.**

Composites require more time and skill to place resulting in increased initial cost. However, we feel that the quality of dental care associated with composite fillings greatly outweighs the added cost and is a less-expensive option long-term. We always recommend what is best for your dental health and provide you with the same dental care that we provide for ourselves and our families.

- I have read and acknowledge the benefits of this document and understand the information presented. I have chosen to go with **composite** fillings.
- I have read and acknowledge the benefits of this document and understand the information presented. I have chosen to go with **amalgam** fillings.

\_\_\_\_\_  
*Patient (or Person Authorized to Consent for Patient)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Doctor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date*