

# WASSERMAN DENTAL

## Patient Information Form

Date \_\_\_/\_\_\_/\_\_\_

Patient \_\_\_\_\_  
Last Name First Name MI

Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex  Male  Female  Transgender SS# \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Apt# City State Zip

Phone # Home( ) \_\_\_\_\_ Work( ) \_\_\_\_\_ Cell( ) \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_  
Street Suite# City State Zip

Emergency Contact \_\_\_\_\_ / \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Name Relationship

Please list other members of your immediate family who are patients in our practice:

\_\_\_\_\_

Whom may we thank for referring you?

One of our valued patients (patient's name) \_\_\_\_\_

Local Dental Society  Our Website  Other \_\_\_\_\_

Primary Dental Plan Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Name of Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Patient Relationship to Insured \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Secondary Dental Plan Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Name of Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Patient Relationship to Insured \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_



**Patient Responsibilities**

We are committed to providing you with the best possible care to help you achieve your optimum oral health. Toward this goal, we would like to explain your financial and scheduling responsibilities with our practice.

**Payment:** Financial arrangements are discussed during the initial visit and a financial agreement is completed in advance of performing any treatment with our practice. We accept the following forms of payment: Visa, MasterCard, Discover, cash, and personal check.

**Dental Benefit Plan:** Your dental benefit is a contract between you or your employer and the dental benefit plan. Benefits and payments received are based on the terms of the contract negotiated between you or your employer and your plan. We are happy to help our patients with dental benefit plans to understand and maximize their coverage. Our practice may or may not be a contracted provider with your dental benefit plan.

**If we are a contracted provider with your dental benefit plan,** you are responsible only for your portion of the approved fee as determined by your plan. We prefer to collect the patient’s portion in full at time of service (deductible, co-insurance, co-pay, or any amount not covered by the dental benefit plan). If our estimate of your portion is less than the amount determined by your plan, the amount billed to you will be adjusted to reflect this.

**If we are not a contracted provider with your dental benefit plan,** you are responsible to pay for treatment rendered. Our practice will file a claim with your dental benefit plan, with the understanding you will obtain reimbursement directly from your plan.

**Scheduling of Appointments:** We reserve the doctor and hygienists’ time for each patient procedure, and we diligently attempt to remain on time. To maintain the utmost service and care, we do require 48-hour notice to reschedule an appointment. With less than 48-hour notice, we may collect a fee of \$75 per hour-long appointment. To serve our patients in a timely manner, we may need to reschedule an appointment if a patient is fifteen minutes late or more arriving to our practice. To reschedule an appointment due to late arrival, we may collect the same fee of \$75 per hour-long appointment.

**Unencrypted email is not a secure form of communication.** There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to, or intercepted by unauthorized third parties. However, you may consent to receive email from us regarding your treatment. We will use the minimum necessary amount of protected health information in any communication. Our first email to you will certify the email address you provide.

- I consent and accept the risk in receiving information via email. I understand I can withdraw my consent at any time.
- I consent only to receiving appointment reminders via email. I understand I can withdraw my consent at any time.
- I do not consent to receiving any information via email. I understand I can change my mind and provide consent later.

**Authorizations**

- The information I have provided is correct to the best of my knowledge. I authorize this dental team to perform any necessary dental services I may need and have consented to during diagnosis and treatment. \_\_\_\_\_ (initial)

- I have read the above form and agree to the financial and scheduling terms. \_\_\_\_\_ (initial)

- I authorize Wasserman Dental to contact me at the cell phone number I have provided. Content may include appointment reminders and information about treatment, payment, my account or insurance, using artificial or prerecorded voice or telephone equipment that may be capable of automatic dialing. Wasserman Dental may:

- Call.
- Text.
- Call and text.

\_\_\_\_\_ (initial)

- I authorize the release of information necessary to process my dental benefit claims. \_\_\_\_\_ (initial)

- If we are a contracted provider with your dental benefit plan: I hereby authorize payment directly to this doctor otherwise payable to me. \_\_\_\_\_ (initial)

- I have received a copy of the Wasserman Dental Notice of Privacy Practices. \_\_\_\_\_ (initial)

- I have received a copy of the Dental Materials Fact Sheet as required by law. \_\_\_\_\_ (initial)

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
M / D / Y

# WASSERMAN DENTAL

## Confidential Health History

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Chief Dental Complaint(s) \_\_\_\_\_

Have you had problems with prior dental treatment?  Yes  No

If yes, please explain: \_\_\_\_\_

Please provide us with your last dentist's information below:

Dentist's Name	Phone #	Approximate Date of Last Visit / /	
Address	City	State	Zip

Please describe your general health: \_\_\_\_\_

What is your current height? \_\_\_\_\_ What is your current weight? \_\_\_\_\_

Do you have or have you ever had any of the following?

	Yes	No		Yes	No
1. Injury to head, neck, jaw or teeth.....	<input type="checkbox"/>	<input type="checkbox"/>	34. Renal dialysis or other kidney disease .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Recurrent head, face, jaw or neck pain .....	<input type="checkbox"/>	<input type="checkbox"/>	35. STD (syphilis, gonorrhea, HSV, HPV or other)....	<input type="checkbox"/>	<input type="checkbox"/>
3. Difficulty opening or closing jaw .....	<input type="checkbox"/>	<input type="checkbox"/>	36. Arthritis, persistent stiffness, painful joints .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Sore throat, hoarseness or difficulty swallowing..	<input type="checkbox"/>	<input type="checkbox"/>	37. Artificial joint, implant.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Dry mouth, recurrent oral sores or irritation .....	<input type="checkbox"/>	<input type="checkbox"/>	38. Treatment for Osteoporosis.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Bleeding, infected gums or loose teeth .....	<input type="checkbox"/>	<input type="checkbox"/>	39. Seizures .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Decayed or broken teeth .....	<input type="checkbox"/>	<input type="checkbox"/>	40. Numbness, tingling, or paralysis .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Poor sleep, snoring or daytime sleepiness.....	<input type="checkbox"/>	<input type="checkbox"/>	41. Muscle weakness or multiple sclerosis.....	<input type="checkbox"/>	<input type="checkbox"/>
9. High blood pressure .....	<input type="checkbox"/>	<input type="checkbox"/>	42. Movement disorders (Parkinson's, other).....	<input type="checkbox"/>	<input type="checkbox"/>
10. Angina, chest pain or heart attack .....	<input type="checkbox"/>	<input type="checkbox"/>	43. Cognitive impairment (Alzheimer's, other) .....	<input type="checkbox"/>	<input type="checkbox"/>
11. Irregular or rapid heart beats .....	<input type="checkbox"/>	<input type="checkbox"/>	44. Depression, anxiety disorder .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Pacemaker or defibrillator.....	<input type="checkbox"/>	<input type="checkbox"/>	45. Psychiatric conditions (schizophrenia, other) .....	<input type="checkbox"/>	<input type="checkbox"/>
13. Murmur, valvular disease or other heart defect ...	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you/ have you ever smoked/ used tobacco? ..	<input type="checkbox"/>	<input type="checkbox"/>
14. Artificial heart valve .....	<input type="checkbox"/>	<input type="checkbox"/>	47. Do you or have you ever abused alcohol? .....	<input type="checkbox"/>	<input type="checkbox"/>
15. Cardiac or vascular surgery.....	<input type="checkbox"/>	<input type="checkbox"/>	48. Do you or have you ever used illicit substances?	<input type="checkbox"/>	<input type="checkbox"/>
16. Heart failure .....	<input type="checkbox"/>	<input type="checkbox"/>	49. Any other medical conditions not listed above ...	<input type="checkbox"/>	<input type="checkbox"/>
17. Stroke .....	<input type="checkbox"/>	<input type="checkbox"/>	Please specify .....		
18. Emphysema or chronic bronchitis .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>Allergies</b> <span style="float: right;">Yes No</span>		
19. Asthma .....	<input type="checkbox"/>	<input type="checkbox"/>	50. Penicillin .....	<input type="checkbox"/>	<input type="checkbox"/>
20. Lung infections (pneumonia, tuberculosis, other)	<input type="checkbox"/>	<input type="checkbox"/>	51. Sulfa drugs .....	<input type="checkbox"/>	<input type="checkbox"/>
21. Anemia .....	<input type="checkbox"/>	<input type="checkbox"/>	52. Dental anesthetics .....	<input type="checkbox"/>	<input type="checkbox"/>
22. Bleeding disorder or excessive clotting .....	<input type="checkbox"/>	<input type="checkbox"/>	53. Metals (rings or earrings) .....	<input type="checkbox"/>	<input type="checkbox"/>
23. HIV infection or other immune deficiency .....	<input type="checkbox"/>	<input type="checkbox"/>	54. Latex.....	<input type="checkbox"/>	<input type="checkbox"/>
24. Autoimmune disease (RA, lupus, other).....	<input type="checkbox"/>	<input type="checkbox"/>	55. Other .....	<input type="checkbox"/>	<input type="checkbox"/>
25. Cancer .....	<input type="checkbox"/>	<input type="checkbox"/>	Please specify .....		
26. Radiation or chemotherapy for cancer .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>Has anyone in your immediate family ever had?</b>		
27. Organ transplant.....	<input type="checkbox"/>	<input type="checkbox"/>	56. Heart disease .....	<input type="checkbox"/>	<input type="checkbox"/>
28. Diabetes .....	<input type="checkbox"/>	<input type="checkbox"/>	57. Diabetes .....	<input type="checkbox"/>	<input type="checkbox"/>
29. Thyroid disease .....	<input type="checkbox"/>	<input type="checkbox"/>	58. Blood disorder .....	<input type="checkbox"/>	<input type="checkbox"/>
30. Adrenal or other endocrine disease.....	<input type="checkbox"/>	<input type="checkbox"/>	59. Cancer .....	<input type="checkbox"/>	<input type="checkbox"/>
31. Currently pregnant or breast feeding.....	<input type="checkbox"/>	<input type="checkbox"/>	60. Tuberculosis .....	<input type="checkbox"/>	<input type="checkbox"/>
32. Reflux, peptic ulcer or colon disease.....	<input type="checkbox"/>	<input type="checkbox"/>	61. Mental/emotional disorders .....	<input type="checkbox"/>	<input type="checkbox"/>
33. Hepatitis or other liver disease .....	<input type="checkbox"/>	<input type="checkbox"/>			

**THIS FORM IS 2-SIDED. PLEASE TURN OVER TO COMPLETE.**



# WASSERMAN DENTAL

## Notice of Privacy Practices

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This Notice describes how your health information may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

### **Our Legal Duty**

Federal and state laws require us to maintain the privacy of your health information. We are also required to provide this Notice about our office's privacy practices, our legal duties, and your rights regarding your health information. We are required to follow the practices that are outlined in this Notice while it is in effect. This Notice takes effect October 01, 2015, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. For more information about our privacy practices or additional copies of this Notice, please contact us.

### **Uses and Disclosures of Health Information**

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

#### **Treatment**

We disclose medical information to our employees and others who are involved in providing the care you need. We may use or disclose your health information to another dentist or other healthcare providers delivering treatment we do not provide. We may also share your health information with a pharmacist in order to provide you with a prescription, or with a laboratory that performs tests or fabricated dental prostheses or orthodontic appliances.

#### **Payment**

We may use and disclose your health information to obtain payment for services we provide you, unless you request that we restrict such disclosure to your health plan when you have paid out-of-pocket and in full for services rendered.

#### **Healthcare Operations**

We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include, but are not limited to, quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

### **Your Authorization**

In addition to our use of your healthcare information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

### **To Your Family and Friends**

We must disclose your health information to you, as described in the Patient Rights section of this Notice. You have the right to request restrictions to family members, other relatives, close personal friends, or any other person identified by you.

### **Persons Involved in Care**

We may use or disclose health information to notify, or assist in the notification of (including identifying or location) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our personal judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of health information.

### **Change of Ownership**

If this dental practice is sold or merged with another practice or organization, your health records will become the property of the new owner. However, you may request that copies of your health information be transferred to another dental practice.

## **Public Health**

We may, and are sometimes legally obligated, to disclose your health information to public health agencies for purposes related to preventing or controlling disease, injury or disability; reporting abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. Upon reporting suspected elder or dependent adult abuse or domestic violence, we will promptly inform you or your personal representative unless we believe the notification would place you at risk of harm or would require informing a personal representative we believe is responsible for the abuse or harm.

## **Abuse or Neglect**

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your safety or the health or safety of others.

## **National Security**

We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information or inmates or patients under certain circumstances.

## **Appointment Reminders**

We may contact you to provide you with appointment reminders via voicemail, postcards, or letters. We may also leave a message with the person answering the phone if you are not available.

## **Patient Rights**

### **Access**

You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by contacting our office. You may also request access by sending us a letter. We may charge you a reasonable cost-based fee for expenses such as copies and/or staff time.

### **Disclosure Accounting**

You have a right to receive a list of instances in which we disclosed your health information for purposes other than treatment, payment, healthcare operations, and certain other activities for the last six years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

### **Restriction**

You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in emergency). In the event you pay out-of-pocket and in full for services rendered, you may request that we not share your health information with your health plan. We must agree to this request.

### **Alternative Communication**

You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

### **Breach Notification**

In the event your unsecured protected health information is breached, we will notify you as required by law. In some situations, you may be notified by our business associates.

### **Amendment**

You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may send a written complaint to our office or to the U.S. Department of Health and Human Service, Office of Civil Rights. We will not retaliate against you for filing a complaint.

## Dental Materials – Advantages & Disadvantages

### PORCELAIN FUSED TO METAL

This type of porcelain is a glass-like material that is “enameled” on top of metal shells. It is tooth-colored and is used for crowns and fixed bridges

#### Advantages

- Good resistance to further decay if the restoration fits well
- Very durable, due to metal substructure
- The material does not cause tooth sensitivity
- Resists leakage because it can be shaped for a very accurate fit

#### Disadvantages

- More tooth must be removed (than for porcelain) for the metal substructure
- Higher cost because it requires at least two office visits and laboratory services

### GOLD ALLOY

Gold alloy is a gold-colored mixture of gold, copper, and other metals and is used mainly for crowns and fixed bridges and some partial denture frameworks

#### Advantages

- Good resistance to further decay if the restoration fits well
- Excellent durability; does not fracture under stress
- Does not corrode in the mouth
- Minimal amount of tooth needs to be removed
- Wears well; does not cause excessive wear to opposing teeth
- Resists leakage because it can be shaped for a very accurate fit

#### Disadvantages

- Is not tooth colored; alloy is yellow
- Conducts heat and cold; may irritate sensitive teeth
- High cost; requires at least two office visits and laboratory services

## The Facts About Fillings



### DENTAL BOARD OF CALIFORNIA

2005 Evergreen Street, Suite 1550, Sacramento, CA 95815

[www.dbc.ca.gov](http://www.dbc.ca.gov)

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# Dental Materials Fact Sheet

## What About the Safety of Filling Materials?

Patient health and the safety of dental treatments are the primary goals of California's dental professionals and the Dental Board of California. The purpose of this fact sheet is to provide you with information concerning the risks and benefits of all the dental materials used in the restoration (filling) of teeth.

The Dental Board of California is required by law\* to make this dental materials fact sheet available to every licensed dentist in the state of California. Your dentist, in turn, must provide this fact sheet to every new patient and all patients of record only once before beginning any dental filling procedure.

As the patient or parent/guardian, you are strongly encouraged to discuss with your dentist the facts presented concerning the filling materials being considered for your particular treatment.

\* *Business and Professions Code 1648.10-1648.20*

## Allergic Reactions to Dental Materials

Components in dental fillings may have side effects or cause allergic reactions, just like other materials we may come in contact with in our daily lives. The risks of such reactions are very low for all types of filling materials. Such reactions can be caused by specific components of the filling materials such as mercury, nickel, chromium, and/or beryllium alloys. Usually, an allergy will reveal itself as a skin rash and is easily reversed when the individual is not in contact with the material.

There are no documented cases of allergic reactions to composite resin, glass ionomer, resin ionomer, or porcelain. However, there have been rare allergic responses reported with dental amalgam, porcelain fused to metal, gold alloys, and nickel or cobalt-chrome alloys.

If you suffer from allergies, discuss these potential problems with your dentist before a filling material is chosen.

## PORCELAIN (CERAMIC)

Porcelain is a glass-like material formed into fillings or crowns using models of the prepared teeth. The material is tooth-colored and is used in inlays, veneers, crowns and fixed bridges.

### Advantages

- Very little tooth needs to be removed for use as a veneer; more tooth needs to be removed for a crown because its strength is related to its bulk (size)
- Good resistance to further decay if the restoration fits well
- Is resistant to surface wear but can cause some wear on opposing teeth
- Resists leakage because it can be shaped for a very accurate fit
- The material does not cause tooth sensitivity

### Disadvantages

- Material is brittle and can break under biting forces
- May not be recommended for molar teeth
- Higher cost because it requires at least two office visits and laboratory services

## NICKEL OR COBALT-CHROME ALLOYS

Nickel or cobalt-chrome alloys are mixtures of nickel and chromium. They are a dark silver metal color and are used for crowns and fixed bridges and most partial denture frameworks.

### Advantages

- Good resistance to further decay if the restoration fits well
- Excellent durability; does not fracture under stress
- Does not corrode in the mouth
- Minimal amount of tooth needs to be removed
- Resists leakage because it can be shaped for a very accurate fit

### Disadvantages

- Is not tooth colored; alloy is a dark silver metal color
- Conducts heat and cold; may irritate sensitive teeth
- Can be abrasive to opposing teeth
- High cost; requires at least two office visits and laboratory services
- Slightly higher wear to opposing teeth





## Dental Materials – Advantages & Disadvantages

### GLASS IONOMER CEMENT

Glass ionomer cement is a self-hardening mixture of glass and organic acid. It is tooth-colored and varies in translucency. Glass ionomer is usually used for small fillings, cementing metal and porcelain/metal crowns, liners, and temporary restorations.

#### Advantages

- ♥ Reasonably good esthetics
- ♥ May provide some help against decay because it releases fluoride
- ♥ Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- ♥ Material has low incidence of producing tooth sensitivity
- ♥ Usually completed in one dental visit

#### Disadvantages

- Cost is very similar to composite resin (which costs more than amalgam)
- Limited use because it is not recommended for biting surfaces in permanent teeth
- As it ages, this material may become rough and could increase the accumulation of plaque and chance of periodontal disease
- Does not wear well; tends to crack over time and can be dislodged

### RESIN-IONOMER CEMENT

Resin ionomer cement is a mixture of glass and resin polymer and organic acid that hardens with exposure to a blue light used in the dental office. It is tooth colored but more translucent than glass ionomer cement. It is most often used for small fillings, cementing metal and porcelain metal crowns and liners.

#### Advantages

- ♥ Very good esthetics
- ♥ May provide some help against decay because it releases fluoride
- ♥ Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- ♥ Good for non-biting surfaces
- ♥ May be used for short-term primary teeth restorations
- ♥ May hold up better than glass ionomer but not as well as composite
- ♥ Good resistance to leakage
- ♥ Material has low incidence of producing tooth sensitivity
- ♥ Usually completed in one dental visit

#### Disadvantages

- Cost is very similar to composite resin (which costs more than amalgam)
- Limited use because it is not recommended to restore the biting surfaces of adults
- Wears faster than composite and amalgam

## Toxicity of Dental Materials

### Dental Amalgam

Mercury in its elemental form is on the State of California's Proposition 65 list of chemicals known to the state to cause reproductive toxicity. Mercury may harm the developing brain of a child or fetus.

Dental amalgam is created by mixing elemental mercury (43-54%) and an alloy powder (46-57%) composed mainly of silver, tin, and copper. This has caused discussion about the risks of mercury in dental amalgam. Such mercury is emitted in minute amounts as vapor. Some concerns have been raised regarding possible toxicity. Scientific research continues on the safety of dental amalgam. According to the Centers for Disease Control and Prevention, there is scant evidence that the health of the vast majority of people with amalgam is compromised.

The Food and Drug Administration (FDA) and other public health organizations have investigated the safety of amalgam used in dental fillings. The conclusion: no valid scientific evidence has shown that amalgams cause harm to patients with dental restorations, except in rare cases of allergy. The World Health Organization reached a similar conclusion stating, "Amalgam restorations are safe and cost effective."

A diversity of opinions exists regarding the safety of dental amalgams. Questions have been raised about its safety in pregnant women, children, and diabetics. However, scientific evidence and research literature in peer-reviewed scientific journals suggest that otherwise healthy women, children, and diabetics are not at an increased risk from dental amalgams in their mouths. The FDA places no restrictions on the use of dental amalgam.

### Composite Resin

Some Composite Resins include Crystalline Silica, which is on the State of California's Proposition 65 list of chemicals known to the state to cause cancer.

**It is always a good idea to discuss any dental treatment thoroughly with your dentist.**

## Dental Materials – Advantages & Disadvantages

### DENTAL AMALGAM FILLINGS

Dental amalgam is a self-hardening mixture of silver-tin-copper alloy powder and liquid mercury and is sometimes referred to as silver fillings because of its color. It is often used as a filling material and replacement for broken teeth.

#### Advantages

- ♥ Durable; long lasting
- ♥ Wears well; holds up well to the forces of biting
- ♥ Relatively inexpensive
- ♥ Generally completed in one visit
- ♥ Self-sealing; minimal-to-no shrinkage and resists leakage
- ♥ Resistance to further decay is high, but can be difficult to find in early stages
- ♥ Frequency of repair and replacement is low

#### Disadvantages

- Refer to “What About the Safety of Filling Materials”
- Gray colored, not tooth colored
- May darken as it corrodes; may stain teeth over time
- Requires removal of some healthy tooth
- In larger amalgam fillings, the remaining tooth may weaken and fracture
- Because metal can conduct hot and cold temperatures, there may be a temporary sensitivity to hot and cold.
- Contact with other metals may cause occasional, minute electrical flow

**T**he durability of any dental restoration is influenced not only by the material it is made from but also by the dentist’s technique when placing the restoration. Other factors include the supporting materials used in the procedure and the patient’s cooperation during the procedure. The length of time a restoration will last is dependent upon your dental hygiene, home care, and diet and chewing habits.

### COMPOSITE RESIN FILLINGS

Composite fillings are a mixture of powdered glass and plastic resin, sometimes referred to as white, plastic, or tooth-colored fillings. It is used for fillings, inlays, veneers, partial and complete crowns, or to repair portions of broken teeth.

#### Advantages

- ♥ Strong and durable
- ♥ Tooth colored
- ♥ Single visit for fillings
- ♥ Resists breaking
- ♥ Maximum amount of tooth preserved
- ♥ Small risk of leakage if bonded only to enamel
- ♥ Does not corrode
- ♥ Generally holds up well to the forces of biting depending on product used
- ♥ Resistance to further decay is moderate and easy to find
- ♥ Frequency of repair or replacement is low to moderate

#### Disadvantages

- Refer to “What About the Safety of Filling Materials”
- Moderate occurrence of tooth sensitivity; sensitive to dentist’s method of application
- Costs more than dental amalgam
- Material shrinks when hardened and could lead to further decay and/or temperature sensitivity
- Requires more than one visit for inlays, veneers, and crowns
- May wear faster than dental enamel
- May leak over time when bonded beneath the layer of enamel

