

VHD Dental Dr. Victor J. Hernández Darias - Odontologo*Dentist

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Personal data	Date:
Name:	
NIE/NIF/ID number:	

Laboratory-made inlay/onlay Local anaesthetic

If you have been diagnosed with caries or a small to medium fracture of the tooth crown, action is required to prevent the situation from worsening.

In cases such as these, Dr. Victor J. Hernández Darias recommends a laboratory-made inlay/onlay made of plastic, zirconium oxide or other ceramic materials. The material that is used depends on the location, the required durability, and on your personal habits and chewing behaviour.

The success rate for this procedure varies from person to person and will be discussed in detail, but it is very high if you collaborate closely with us. Reduced mouth opening and excessive saliva flow can negatively impact durability and treatment success.

The treatment takes place over two to three sessions and takes between 30 minutes and one hour/tooth. If caries is present, it must first be completely removed. Dr. Victor Hernández Darias then prepares the tooth to receive the materials. Dental impressions are taken using various silicones and alginates. You will then work with the dentist to select the best colour and a temporary solution will be produced. About a week later you will be seen for a fitting, and the final appointment is to complete the work.

Treatment alternatives are fillings, which we have advised against because of the size of the defect or which you did not want. These have a shorter average lifespan. Another alternative would be dental crowns, also laboratory-made.

Consent to the dental procedure

I have been informed that the above-mentioned measure is to be carried out on me.

I was adequately informed about the nature, purpose and course of the intervention, as well as about its main advantages and disadvantages and risks, also in comparison to other methods of examination, treatment, surgery and refraining from the intervention.

I am aware that under certain circumstances the intervention may have to be supplemented and an extension or modification of the planned measures may only prove necessary at a later date. I have been made aware of possible physical, psychological and professional complications in the period following the procedure. I was also made aware of the following possible complications:

- Allergic reactions
- Numbness
- Aspiration of objects
- Injury to the soft tissues
- Failure, further need for treatment
- Damage to the tooth nerve
- Sensitivities after treatment
- Incorrect shade matching/bite matching



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Name:								
NIE/NII	F/ID number:							
	Any particular probl	ems I had were discusse	d in detail, specific	ally:				
	the details I wished.	nswered in detail. I do not w	rish to be given any	further details	s, or I was provided v	with all		
	I am aware that I can	revoke this consent.						
	I agree with the intended measure and method, as well as with any necessary further work and changes. I have name all ailments and complaints known to me in my medical history.							
	I was informed of the	necessary pre- and post-tre	eatment measures.					
	I understand that I must cancel an appointment at least 24 hours in advance if I am unable to keep it. I at aware that I will have to pay a cancellation fee of 50 € in the event of an unexcused absence or a lat cancellation.							
	Signature of the	nationt						
	Signature of the	patient						