



## CENTRO DE ODONTOLOGÍA -> my-dentist-mallorca.com

Dr. Víctor J. Hernández Darías - Odontólogo\* Dentist

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### Personal data

Date:

Name:

NIE/NIF/ID number:

### Tooth filling **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 this, Dr. Víctor J. Hernández Darías recommends a dental filling made of plastic or comparable materials. The material that is used depends on the position of the filling, the necessary durability and 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. Oral hygiene afterwards is also very important. The treatment takes place in one session and takes between 30 minutes and one hour.

If a caries is present, it is first completely removed. Dr. Víctor Hernández Darías then prepares the tooth to receive the filling materials. Here gels are applied, rinsed, and various materials are cured with a UV lamp. The filling is normally applied in layers and cured, one layer at a time. When the desired filling level is reached, he will polish the filling and check the fit with articulating paper. And the process is done.

Treatment alternatives to fillings are laboratory-made inlays/onlays made of ceramic or plastic. On average, these last longer.

### **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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**Any particular problems I had were discussed in detail, specifically:**

My questions were answered in detail. I do not wish to be given any further details, or I was provided with all the details I wished.

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 been informed that photographic documentation may be made and I consent to this. I affirm that I have named all ailments and complaints known to me in my medical history.

I was informed of the necessary pre- and post-treatment measures.

I understand that I must cancel an appointment at least 24 hours in advance if I am unable to keep it. I am aware that I will have to pay a cancellation fee of 50 € in the event of an unexcused absence or a late cancellation.

**Signature of the patient**