

# Neil Millikin, D.D.S.

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<b>INFORMED CONSENT (for indirect restorations)</b>
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Patient's name \_\_\_\_\_ Date \_\_\_\_\_

### **Indirect Placement Restoration (IPR)**

**Indications:** For restoration of a tooth that is (1) badly decayed, (2) weakened by a large filling, (3) cracked, (4) intended to hold a bridge, (5) worn, (6) misaligned, (7) malformed, or (8) has poor access for direct restoration.

**Procedures:** A preparation visit involves (1) shaping of the tooth, (2) making of an impression, and (3) placement of a temporary restoration. The seating visit involves trial fitting of the restoration; adjustment of contours and bite; and finally cementation with either bonded or conventional cements. At times more visits may be required.

**Materials:** Where partial coverage is contemplated (inlays, onlays, veneers) a laboratory processed Bonded Composite material is preferred. The material is a combination of ceramics and plastics that is similar in structure to a Corian® kitchen countertop. It is strong, wear resistant, and protects the tooth against cracking and breaking. The material is available in a variety of natural and attractive tooth shades. Where there is inadequate tooth available for bonding, the material of choice will be gold (softer) or porcelain (harder/more brittle) baked on gold.

**Benefits:** Indirect fabrication of dental restorations allows better visibility and access than is possible directly in the mouth, and in addition allows materials which require extreme heat and pressure in their preparation. The resulting restorations are stronger, fit better, and have a longer expected life than is otherwise possible.

**Common Risks:** Failure to timely complete the restoration once a tooth has been prepared can lead to decay and loss of the tooth. For some patients, new restorations can cause sensitivity to hot, cold, and biting. While unusual and generally self-limiting, these problems are the most common complications, and at times they may require further treatment. The use of local anesthetics usually allows dental treatment to be rendered with little discomfort, however some patients may experience unexpected sensitivity during any dental procedure. At times, a tooth may have deeper decay or more advanced destruction than was anticipated, which may necessitate more involved treatment than that originally planned, such as root canal treatment, or even extraction. All dental restorations will eventually fail due to wear, breakage, or leaking around the edges. When this occurs replacement of the restoration is usually indicated. The estimated life of indirect restorations is 7-25 years, individual results may vary.

**Alternatives:** Large fillings in place of indirect restorations are often used as an economical short-term solution to an urgent problem. While effective for a period of time, they are considered inferior where their use exposes the tooth to increased risk of cracking, pain, abscess, or where long-term esthetic and functional results are desired. Also, base metals may substitute for gold, resulting in a less accurate fit and shorter life, but reducing costs.

**Consequences of not performing these procedures:** Failure to timely restore damaged teeth may cause unnecessary future pain, greater expense for later treatment, loss of teeth, and medical risk.

Every reasonable effort will be made to ensure that your Indirect Placement Restoration is completed properly, although it is not possible to guarantee perfect results. By signing below, you acknowledge that you have received adequate information about the proposed procedures, that you understand this information, and that all of your questions have been answered fully. You also give permission for photographs or other information derived from your treatment to be used in clinical and economic research, practice marketing, and patient education activities and materials, provided that your identity is not reasonably discernible.
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\_\_\_ I give my consent for the proposed Indirect Placement Restoration procedures as described above.

\_\_\_ I refuse to give my consent for the proposed Indirect Placement Restoration procedures as described above. I have been informed of the potential consequences of my decision to refuse treatment.

\_\_\_\_\_  
Patient's signature / Date

\_\_\_\_\_  
Staff signature / Date

