Curtis Raff, DDS
1233 Taraval Street
San Francisco, CA 94116
415.564.7525
415.564.6307 (fax)
RaffDDS.com

NEW PATIENT PACKET

We are delighted to welcome you to our practice and that you have entrusted us to serve your dental needs. We pride ourselves in providing superior dental care at a reasonable cost, and are proud of our dedication to our patients. Our goal is to help you feel and look your very best through excellent dental care.

Your initial comprehensive exam appointment will take approximately *90 minutes*. The following patient information and forms may take 20 minutes to complete, so we would appreciate it if you would fill them out prior to your arrival. You can fill out this form here, save it, and then email to us if that is more convenient.

You may fill out the following forms on your computer and then print the completed forms, or print, then complete them by hand. The Privacy Practices and Dental Material Fact Sheet are documents are only for your information, thus you may opt to only print pages 2-4.

We look forward to meeting you and serving your needs. Thank you again for choosing our dental practice.

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PATIENT INFORMATION

Patient Information

First Name _____ Last Name _____ Nickname _____ Date _____
Address _____ City _____ Zip _____
Mobile # _____ Home # _____ Work # _____
Birthdate _____ Social Security # _____
Occupation _____ E-mail _____
Who referred you to our office? _____

Person Responsible for Account

Full Name _____ Birthdate _____ Drivers Lic # _____
Address _____ City _____ Zip _____
Home # _____ Work # _____ Social Security # _____
Employer _____ Relationship to Patient _____

I accept full responsibility for payment of dental services for the patient named under "Patient Information", due and payable at the time a service is initiated. Please see Office Policies for more information.

Signature _____ Date _____

Dental Insurance Information (if any)

Subscriber Name _____ Birthdate _____ Subscriber ID # _____
Ins. Company _____ Union Local # _____ Group # _____
Ins. Address _____ City _____ State _____ Zip _____
Ins. Phone _____ Insured Employer _____

If you have **dual** insurance coverage, please complete the following:
Subscriber Name _____ Birthdate _____ Subscriber ID # _____
Ins. Company _____ Union Local # _____ Group # _____
Ins. Address _____ City _____ State _____ Zip _____
Ins. Phone _____ Insured Employer _____

Your Dental History

Your former Dentist & location: _____
What concerns you about your mouth: ☐ Breath ☐ Color ☐ Crowding ☐ Missing Teeth
☐ Other _____

(OVER)

Medical History

If you have been under the care of a physician in the past 2 years, why? _____

Physician's Name _____ Phone # _____

Date of your last complete physical exam: _____

Please list all current medications: _____

_____

Please list all substances you are sensitive or allergic to (i.e. latex, antibiotics): _____

Have you ever used tobacco products? ☐ Yes ☐ No

Do you currently use tobacco or nicotine products? ☐ Yes ☐ No

Person to notify in case of emergency _____ Phone # _____

For women, check if yes: ☐ Pregnant (what month? ____) ☐ Nursing

Check which of the following you previously had or currently have:

☐ Allergies or Hives	☐ Epilepsy or Seizures	☐ Hepatitis	☐ Recreational Drug Use
☐ Anxiety	☐ Fainting or Dizzy Spells	☐ High Blood Pressure	☐ Sinus Trouble
☐ Asthma	☐ Heart Disease or Attack	☐ HIV	☐ Stroke
☐ Chemotherapy	☐ Heart Irregularities	☐ Kidney Disease	☐ Thyroid Problems
☐ Diabetes	☐ Hemophilia	☐ Liver Disease	☐ Tuberculosis
		☐ Radiation Therapy	

Please state any condition not listed: _____

Print name _____

Signature _____ Date _____

FUTURE MEDICAL UPDATES

Changes:

Signature _____ Date _____

Changes:

Signature _____ Date _____

Changes:

Signature _____ Date _____

Changes:

Signature _____ Date _____

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OFFICE POLICIES

We strive to have our patients fully informed of our philosophies, treatment options, and financial responsibilities prior to any treatment. If you have any questions, just ask.

- **Our Mission:** In our practice, we vow to maintain an ethical conduct in the care of our patients. We take pride in our profession and therefore promise to:
  - Provide our patients with thorough and accurate information regarding their care.
  - Conduct care in a manner that ensures our patient's safety and well-being.
  - Encourage communication within a professional, yet personable, relationship.

- We respect your time. Your appointments are set aside solely for you and thus we typically will see you right on time (if not early). If you need to reschedule an appointment, we would appreciate as much notice as possible. Please be aware of a $75 minimum fee if you are unable to make an appointment and provide less one full business days' notice.

- California law requires patients to be offered the Dental Material Fact Sheet. Federal HIPAA regulations recommend we maintain a privacy practice policy. Your signature acknowledges you have been offered copies. You can request a hardcopy or visit RaffDDS.com to download one.

- For non-insured patients, full payment is due at the time service is initiated. For verified insured patients, your co-payment is due at the time service is rendered.

PATIENTS WITH DENTAL INSURANCE:

- As a courtesy, we will file the insurance claims for you and provide your insurance company with any reasonable requested data. It is important to understand that your insurance plan is a contract between you, your employer, and the insurance company, and is limited to benefits listed in that contract. You are ultimately responsible for charges.

- Assignment of Benefits: You hereby assign all dental benefits to which you are entitled to our office. In order to secure the payments of your benefits, you authorize our office to release all information necessary. You can revoke this assignment at any time.

- Insurance companies never notify practices of changes to coverage; thus, it is your responsibility to keep us notified of insurance benefit changes.

Print Name _____

Signature _____ Date _____

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PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

This notice of our privacy practices describes how your protected health information may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights	**You have the right to:** • Get a copy of your record. • Correct information in your record. • Request confidential communication. • Ask us to limit the information we share. • Get a list of those with whom we have shared your information. • Get a copy of this privacy notice. • Choose someone to act for you. • File a complaint if you believe your privacy rights have been violated.
Your Choices	**You have some choices in the way that we use and share information as we:** • Tell family and friends about your condition. • Provide disaster relief. • Market our services and sell your information. • Raise funds (delete if your practice is not a nonprofit clinic).
Our Uses and Disclosures	**We may use and share your information as we:** • Treat you. requests. • Run our organization. • Bill for your services. • Help with public health and safety issues. • Do research. • Comply with the law. • Respond to organ and tissue donation • Work with a medical examiner or funeral director. • Address workers' compensation, law enforcement, and other government requests. • Respond to lawsuits and legal actions.

_____ [Name of dental practice] complies with ap- plicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

English: Our dental practice will provide language assistance services free-of-charge to individuals who do not speak En- glish well enough to discuss the dental care we are providing.

Spanish: Nuestro consultorio dental les proporcionará servicios de asistencia lingüística gratuitos a los individuos que no hablen inglés con suficiente fluidez para discutir la atención dental que proporcionamos.

Chinese: 我们的牙科业务将为英语不太流利的人士提供免费的语言协助服务，以方便讨论我们提供的牙齿护理服务。

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your record

- You can ask to see or get an electronic or paper copy of your record. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will verify the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information below.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/ privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information, except as part of a practice sale or merger.
- Substance use disorder treatment information in your record.

In the case of fundraising for our nonprofit organization, we may contact you for fundraising efforts, but you can tell us not to contact you again. (Delete if statement is not applicable.)

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

Treat you We can use your health information and share it with other professionals who are treating you. The dentist may refer you to another dentist who specializes in treating certain types of cases, or may consult with your physician when you are scheduled for dental surgery.

Run our organization We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we may use a third-party service or artificial intelligence system to manage appointment reminders, patient communications and our schedule, and to assist with documentation. When we do so, we have agreements that reinforce that they are required to comply with privacy and security laws.

Bill for your services We can use and share your health information to bill and get payment from health plans or other entities. Example: We give necessary information about you to your health insurance plan so it will pay for the services we provide you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet specified conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

Do research We can use or share your information for health research.

Comply with the law We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Work with a medical examiner or funeral director We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military and national security.

Respond to lawsuits and legal actions We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will not send you unsecured emails containing your protected health information without obtaining your informed consent.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We are required to comply with California law which places further restrictions on the use and disclosure of your information. For example, we may not share without your written consent any information we hold regarding treatment for mental health or substance abuse, abortion, contraception or gender-affirming care.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our web site.

Other Instructions for Notice

- *Insert any special notes that apply to your entity's practices such as "we never market or sell personal information."*
- *If your dental practice is part of an OHCA (organized health care arrangement) that has agreed to a joint notice, use this space to inform your patients of how you share information within the OHCA (such as for treatment, payment, and operations related to the OHCA). Also, describe the other entities covered by this notice and their service locations. For example, "This notice applies to Grace Community Hospitals and Emergency Services Incorporated which operate the emergency services within all Grace hospitals in the greater Dayton area."*

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us at:

Privacy Officer: Curtis Raff, DDS

Email: info@RaffDDS.com

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 Services, Office of Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/ complaints/. We will not retaliate against you for filing a complaint.

Curtis D. Raff, DDS Corp complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

CALIFORNIA

English:
Our dental practice will provide language assistance services free-of-charge to individuals who do not speak English well enough to discuss the dental care we are providing.

Spanish:
Nuestro consultorio dental les proporcionará servicios de asistencia lingüística gratuitos a los individuos que no hablen inglés con suficiente fluidez para discutir la atención dental que proporcionamos.

Chinese:
我们的牙科业务将为英语不太流利的人士提供免费的语言协助服务，以方便讨论我们提供的牙齿护理服务。

Vietnamese:
Thực hành nha khoa của chúng tôi sẽ cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí cho những người không có khả năng nói tiếng Anh đủ tốt để thảo luận việc chăm sóc răng miệng mà chúng tôi đang cung cấp.

Tagalog:
Ang aming dental na kasanayan ay magbibigay ng walang bayad na mga serbisyong tulong na wika sa mga indibidwal na hindi nakakapagsalita ng maayos na Ingles upang talakayin ang ibinibigay naming dental na pangangalaga.

Korean:
저희 치과는 저희가 제공하는 치과 치료에 대해 영어로 논의하기가 불편하신 분들을 위해 무료 언어 지원 서비스를 제공할 것입니다.

Armenian:
Մեր ատամնաբուժական պրակտիկան կտրամադրի անվճար լեզվական ծառայություններ բոլոր այն անձանց ովքեր անգլերենին բավարար չեն տիրապետում մեր կողմից տրամադրվող ատամնաբուժական խնամքի շուրջ հարցեր քննարկելու:

Persian (Farsi):
رمکزخدمات دندانپزشکیماخدمات کمک زبانی را به صورت را ان ای افرادی فراهمیآ دکهانگلیسی را با تسلط صحبت نمیکند تا در مورد مراقبت های د انی که ارائه میکدیم گفتگو کنند.

Russian:
Наша стоматологическая клиника бесплатно предоставляет клиентам, которые не достаточно хорошо говорят на английском языке, услуги переводчика, чтобы помочь им обсудить предоставляемую нами стоматологическую помощь.

Japanese:
当社の歯科治療では提供している歯科ケアに関して話し合える程度の英語力のない方に無料で言語サポートサービスを提供してい

ま。

Arabic:
سوف تقدم عيادة طب الأسنان مساعدة لغوية مجانية لأولئك الذين لا يجيدون الإنكليزية من أجل مناقشة خدمات العناية بالأسنان التي نقد

Punjabi:
ੳਰ ड%ਟਲ ਪ)ੈਕਿਟਸ ਿਵਲ ਪੇ)ਵੀਦੇ ਲ%ਗੁਏਜ ਅੱਸੀਸਟ%ਸ ਸਰਿਵਸਜ਼ ਫ)ੀ-ਓਫ-ਚਾਰਜ ਤ@ ਇੰਿਡਵਦੁਲਸ ਜੁ ਦੋ ਨ ਸਪੈ�ਿਕ ਇੰਿਗਲਸ਼ ਵੈਿਲ ਏਨੱਘ ਤ@ ਿਡਸਕਸ ਥੇ ड%ਟਲ ਚਾਰੇ ਵੀ ਰੇ ਪ)ੇਵੀਡੀਨਗ.

Mon-Khmer:
គឺ" និកេធ)ញ្ញេយ,ងខ/ ុំនឹងផ្តល់នូវេសៈជំនួយែផនក?@េAយកតគិតែថងួនដល់អតិថិជនH ក់ៗែដលមិនេចះនិMយ?@អង់ថNស់Oស់ េដរpីពិេសៀ?កTSអ់ ពី ប VWែសៈតំែហYំេធ)ញ្ញេដលេយ,ងខ/0ំកំពុងផ្តល់ជូន។

Hmong:
Ang aming pagsasanay ukol sa ngipin o dental practice ay magbibigay ng libreng mga serbisyong tulong sa mga indibiduwal na hindi masyadong nakakapagsalita ng Ingles upang talakayin ang pangangalaga sa ngipin na aming ibinibigay.

Hindi:
हमारे दंत)च+क-छालय के 1भार3, जो 6य7ती अ-छ: तरह ;<ल3श बोल नह3 सकते है उनको, हम जो दंत)च+क-छा देखभाल 1दान कर रहे है उसके बारेमD बात करनेके Eलये बीना कोई फ़Hस भाषा सहायता सेवाएं 1दान करDगे |

Thai:
แนวปฏิบัติด้านทันตกรรมของเราจะให้บริการช่วยเหลือด้านภาษาฟรีแก่บุคคลทีDพูดภาษาอังกฤษไม่ชำนาญเพียงพอทีDจะหารือเกีDยวกับบริการทันตกรรมขอ

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

DENTAL BOARD OF CALIFORNIA
1432 Howe Avenue • Sacramento, California 95825
www.dbc.ca.gov

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5/04

The Facts About Fillings

The Facts About Fillings



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1432 Howe Avenue • Sacramento, California 95825
www.dbc.ca.gov

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

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 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

The 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

