

## INFORMED CONSENT

### Dental Inlay

Tampico, Tamps.Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

You have the right to know about the procedure to which you are going to undergo and the further complications frequently occurring. This document tries to explain all these issues to you, please read it carefully and consult all the doubts that arise. We remind you that, by imperative legal, you or your legal representative will have to sign the informed consent so that can perform the procedure described below, without signing this document, no any procedure could be performed.

Having read the above, by the way, I declare to have been informed and to have fully understood the

« a@gonvenience and the goal of the dental onlay procedure.

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I declare that it has been explained to me that a dental inlay is performed when the integrity of a tooth is at risk due to the expansion of a cavity. In cases of caries too large, in which an amalgam or resin would not work, an inlay is recommended.

When caries has caused structural damage, an amalgam or resin is usually not they keep anchored to the tooth; In addition, they will not provide the support that the tooth needs to stay intact.

Also, it has been explained to me and I understand that an inlay is extremely durable and it also has a very natural look. The inlay adapts to the size and shape of the cavity,giving the damaged tooth more strength and the ability to withstand the pressure that is generated by chew on.

I declare that it has been explained to me and I understand that the process of installing a encrustation requires two or more visits to the dental office. During the first visit, the dentist will remove the decay from the tooth and take an impression of the damaged tooth. This impression, or mold,will be sent to a dental laboratory where the inlay will be created, which will be placed, in a second or third visit, in the right place and stabilize it with a special adhesive.

### TEXAS DENTAL CLINIC

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I have been informed that while the embed is being created, make sure that my tooth is stable, so my dentist will fill in the space with a temporary healing. This will keep food particles and liquids out of the site and prevent other cavities. During this time, I must be careful when chewing as the temporary healing could loosen up and slip out.

I declare that I have been informed and understand that, derived from the embedding procedure, risks can arise, such as:

Alterations in the bite and generate joint problems.

I have been informed and understand that many times an inlay can save a tooth that be very damaged. This eliminates the need to replace it with a dental implant, which is a much longer and more complicated process. Also, it means that by retaining my tooth and repairing it, my bite will stay the same. One of the unwanted conditions of losing a tooth is that it can generate a gradual movement of the other teeth creating problems to my detriment cosmetic and practical.

All my doubts have been clarified and I completely agree with what is stated in this consent letter. If at the time of the intervention an anatomical situation arose different pathology and more serious than the one foreseen, I give my consent to act in the way best known, according to science and awareness regarding programming, for the exclusive interest of my health, so from this moment I grant authorization to the health personnel, for the attention of contingencies and urgencies derived from the authorized act, attending to that of freedom prescription of my dentist.

Likewise, I consent to the administration of local anesthesia that will be applied for the performance of said treatment delegating to the dentist the type of anesthesia and I agree to return to the next consultation on the day \_\_\_\_/\_\_\_\_/\_\_\_\_ Time : \_\_\_\_\_

Therefore, I, free in my decision, without any pressure or coercion, I voluntarily GRANT my consent to carry out the dental inlay procedure, proposed by my dentist, who has explained the content and scope of this informed consent and of the acts and/or procedures to which I will willingly submit.

\_\_\_\_\_  
Name and signature of the patient

\_\_\_\_\_  
CD Dominga Cortez Garcia

\_\_\_\_\_  
Witness

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