JACQUELINE YOUNESI
DENTISTRY

2121 East Coast Highway, Suite 230
Corona Del Mar, CA 92625
(949) 409-9895 · office@jyounesidentistry.com

NEW PATIENT PACKET

Welcome

Welcome to Jacqueline Younesi Dentistry. Thank you for choosing us for your care. This packet helps Dr. Younesi understand your health, your goals, and how you would like us to communicate with you, so your first visit can be spent on you rather than on paperwork.

How to complete this packet

1. **On a computer or tablet:** open this PDF in Adobe Acrobat Reader (free) or Apple Preview, type into the fields, then save it. Press Tab to move from one field to the next.
2. **On paper:** print it and fill it in by hand with blue or black ink.
3. **Send it back:** email the completed packet (saved, or scanned if you filled it in by hand) to office@jyounesidentistry.com, or bring it to your first visit.

Fields marked with an asterisk (*) are required. If a question does not apply to you, leave it blank. If you would rather talk through any question in person, write “discuss” and we will cover it privately.

Your first visit

Your first appointment begins with an examination by Dr. Younesi, then your visit with our hygienist. Your cleaning is planned around what Dr. Younesi finds.

Please bring

- A photo ID
- Your dental insurance card, if you have one
- A list of your medications and allergies
- Records or X-rays from your previous dentist, if you have them

What is inside

1. Patient information	page 2
2. Responsible party and dental insurance	page 3
3. Medical history	pages 4 and 5
4. Dental history and goals	page 6
5. Consent for examination and financial policy	pages 7 and 8
6. Appointment and cancellation policy	page 9
7. Privacy notice and dental materials acknowledgments	page 10
8. Communication preferences	page 11
9. Optional photograph and testimonial authorization	pages 12 and 13
Dental Materials Fact Sheet from the Dental Board of California (yours to keep)	after page 13

Notice to Consumers: Dentists are licensed and regulated by the Dental Board of California, (877) 729-7789, www.dbc.ca.gov

Questions? Call us at (949) 409-9895 or email office@jyounesidentistry.com. If you need this packet in large print or another format, or would like help completing it, let us know and we will provide that at no cost. Our Notice of Privacy Practices is available at jyounesidentistry.com/notice-of-privacy-practices and at our front desk.

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SECTION 1

Patient information

About you

First name *

Middle name

Last name *

Preferred name

Pronouns (optional)

Date of birth * MM/DD/YYYY

Today's date MM/DD/YYYY

Sex, as listed with your dental plan

○ Female ○ Male ○ X or nonbinary ○ Prefer not to say

Contact information

Street address *

Apartment or suite

City *

State *

ZIP code *

Mobile phone

Home or other phone

Preferred language

Email address

Occupation (optional)

Best way to reach you

○ Text ○ Phone call ○ Email

Parent or guardian

Complete only if the patient is under 18

Parent or guardian name

Relationship

Phone

Referral and family

How did you hear about us, or who referred you?

Family member who is also our patient (optional)

Relationship

Emergency contact

Name

Relationship

Phone

Comfort and accessibility

Is there anything we can do to make your visit more comfortable or accessible? (for example, mobility, hearing, vision, or language needs)

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SECTION 2

Responsible party and dental insurance

Person responsible for this account

Who is responsible for payment? ◯ The patient ◯ Someone else (complete below)

Name | **Relationship to patient** | **Phone**

Address | **City** | **State** | **ZIP**

Email | **Date of birth** MM/DD/YYYY

Do you have dental insurance? ◯ Yes ◯ No

Primary dental insurance

Insurance company | **Insurance phone** | **Group number**

Subscriber (policyholder) name | **Subscriber date of birth** MM/DD/YYYY | **Patient is subscriber's**

Subscriber or member ID | **Subscriber's employer**

Secondary dental insurance (if any)

Insurance company | **Insurance phone** | **Group number**

Subscriber (policyholder) name | **Subscriber date of birth** MM/DD/YYYY | **Patient is subscriber's**

Subscriber or member ID | **Subscriber's employer**

We do not ask for your Social Security number. Most dental plans identify you by a member ID. If your plan requires a Social Security number, our team will ask for it in person. Please bring your insurance card so we can copy both sides.

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SECTION 3 · PART 1 OF 2

Medical history

Your medical history helps Dr. Younesi treat you safely. Some conditions and medications change how dental care is planned. Everything you tell us is confidential and becomes part of your protected health record.

Patient name *

Date of birth * MM/DD/YYYY

Physician name

Physician phone

Date of last physical exam MM/DD/YYYY

General health

Are you in good health?	○ Yes ○ No
Are you currently being treated by a physician for any condition?	○ Yes ○ No
Have you been hospitalized or had surgery in the past five years?	○ Yes ○ No
Has a physician or dentist ever told you to take antibiotics before dental treatment?	○ Yes ○ No
Do you smoke, vape, or use tobacco products?	○ Yes ○ No
Do you use cannabis products?	○ Yes ○ No

If you answered yes to any question above, please explain

Medications

List every medication you take, including over-the-counter medicines, vitamins, and supplements, with the dose.

Medications and doses

Do you take a blood thinner (such as warfarin, Eliquis, Xarelto, Plavix, or daily aspirin)?	○ Yes ○ No
Have you ever taken a bone medication by mouth or IV (such as Fosamax, Actonel, Boniva, Reclast, or Prolia)?	○ Yes ○ No
Do you take a GLP-1 medication (such as Ozempic, Wegovy, Mounjaro, or Zepbound)?	○ Yes ○ No
Do you take steroids (such as prednisone) now, or have you in the past year?	○ Yes ○ No

Allergies

Are you allergic to, or have you had a reaction to, any of the following?

Local anesthetic (“numbing”)	○ Yes ○ No	Codeine or other pain medications	○ Yes ○ No
Latex	○ Yes ○ No	Aspirin or ibuprofen	○ Yes ○ No
Penicillin or other antibiotics	○ Yes ○ No	Sulfa drugs	○ Yes ○ No

Other allergies (medications, metals, foods) and the reaction you had

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SECTION 3 · PART 2 OF 2

Medical history, continued

Do you have, or have you ever had, any of the following?

Heart attack or heart disease	○ Yes	○ No	Diabetes	○ Yes	○ No
Heart surgery, stent, or bypass	○ Yes	○ No	Thyroid condition	○ Yes	○ No
Artificial (prosthetic) heart valve	○ Yes	○ No	Osteoporosis or osteopenia	○ Yes	○ No
Previous infective endocarditis	○ Yes	○ No	Kidney disease	○ Yes	○ No
Congenital heart condition	○ Yes	○ No	Liver disease or jaundice	○ Yes	○ No
Heart murmur or mitral valve prolapse	○ Yes	○ No	Hepatitis A, B, or C	○ Yes	○ No
Pacemaker or implanted defibrillator	○ Yes	○ No	Artificial joint (hip, knee, shoulder)	○ Yes	○ No
Chest pain (angina)	○ Yes	○ No	Arthritis	○ Yes	○ No
High blood pressure	○ Yes	○ No	Autoimmune condition (lupus, Sjögren's)	○ Yes	○ No
Low blood pressure	○ Yes	○ No	Dry mouth	○ Yes	○ No
Stroke	○ Yes	○ No	Acid reflux (GERD)	○ Yes	○ No
High cholesterol	○ Yes	○ No	Stomach ulcers	○ Yes	○ No
Rheumatic fever	○ Yes	○ No	Eating disorder	○ Yes	○ No
Swollen ankles	○ Yes	○ No	Cancer	○ Yes	○ No
Bleeding disorder or hemophilia	○ Yes	○ No	Radiation therapy to the head or neck	○ Yes	○ No
Bruise easily or bleed excessively	○ Yes	○ No	Chemotherapy	○ Yes	○ No
Anemia	○ Yes	○ No	Organ transplant	○ Yes	○ No
Sickle cell disease	○ Yes	○ No	HIV or AIDS	○ Yes	○ No
Blood transfusion	○ Yes	○ No	Sexually transmitted infection	○ Yes	○ No
Asthma	○ Yes	○ No	Epilepsy or seizures	○ Yes	○ No
Emphysema or COPD	○ Yes	○ No	Fainting or dizzy spells	○ Yes	○ No
Chronic cough	○ Yes	○ No	Neurological condition	○ Yes	○ No
Tuberculosis	○ Yes	○ No	Glaucoma	○ Yes	○ No
Sleep apnea (or use a CPAP)	○ Yes	○ No	Anxiety or depression	○ Yes	○ No
Sinus problems	○ Yes	○ No	Psychiatric care	○ Yes	○ No
Hay fever, seasonal allergies, or hives	○ Yes	○ No	Cold sores or fever blisters	○ Yes	○ No

Any other condition, or details about a "yes" answer above

If you can become pregnant

Are you pregnant, or could you be?	○ Yes	○ No	Do you take hormonal birth control?	○ Yes	○ No
Are you nursing?	○ Yes	○ No	**If pregnant, how many weeks?**		

I confirm this medical history is accurate and complete, and I will tell the office if my health or medications change.

Printed name	Signature *	Relationship, if not patient	Date *

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SECTION 4

Dental history and goals

What is the main reason for your visit?

Last dental visit approx. date

Last cleaning approx. date

Last full set of X-rays approx. date

How often do you see a dentist?

Previous dentist

Previous dentist phone or city

How often do you brush?

How often do you floss?

Other aids (water flosser, etc.)

Are any of your teeth sensitive to

Hot or cold?	○ Yes	○ No
Sweets?	○ Yes	○ No
Biting or chewing?	○ Yes	○ No

Have you noticed

Bleeding or sore gums?	○ Yes	○ No
Loose teeth or changes in your bite?	○ Yes	○ No
Food catching between teeth?	○ Yes	○ No
Bad breath or a bad taste?	○ Yes	○ No
Clicking, popping, or pain in your jaw?	○ Yes	○ No
Difficulty opening or closing your mouth?	○ Yes	○ No
Headaches, or neck or shoulder aches?	○ Yes	○ No

Have you ever had

Orthodontic treatment (braces or aligners)?	○ Yes	○ No
Oral surgery or extractions?	○ Yes	○ No
Gum (periodontal) treatment?	○ Yes	○ No
A night guard or mouth guard?	○ Yes	○ No
A serious injury to the mouth or head?	○ Yes	○ No

Do you

Clench or grind your teeth?	○ Yes	○ No
Snore or have a sleep disorder?	○ Yes	○ No
Breathe through your mouth?	○ Yes	○ No
Feel nervous about dental treatment?	○ Yes	○ No
Have parents with gum disease or tooth loss?	○ Yes	○ No

Your smile goals

Are you happy with the appearance of your smile? ○ Yes ○ Somewhat ○ No

Would you like to talk about any of these? (check all that apply)

☐ Whitening ☐ Veneers ☐ Bonding ☐ Invisalign

☐ White spots (ICON) ☐ Crowns or bridges ☐ Replacing silver fillings ☐ Missing teeth

Anything else we should know, including past dental experiences or what helps you feel comfortable?

Printed name **Signature** * **Relationship, if not patient** **Date** *

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SECTION 5 · PART 1 OF 2

Consent for examination

Consent for examination and routine care

I request and consent to a dental examination by Dr. Jacqueline Younesi and by team members working under her supervision, and to the diagnostic procedures she considers appropriate. These may include radiographs (X-rays), photographs, impressions or digital scans, gum (periodontal) measurements, an oral cancer screening, and similar records. I also consent to routine preventive care such as cleanings and fluoride.

Before any other treatment, Dr. Younesi will explain what she recommends, its benefits and risks, the reasonable alternatives, and what may happen if I choose no treatment, and I will have the chance to ask questions. I may be asked to sign a separate consent for a specific procedure. I understand that dentistry is not an exact science and that no one has guaranteed me a particular result.

Local anesthetic

If local anesthetic (“numbing”) is used, possible effects include bruising or soreness at the injection site, a temporarily faster heartbeat, an allergic reaction, and numbness that is usually temporary but in rare cases lasts longer or is permanent. Anesthetic can occasionally reach the eye or face and cause temporary irritation.

Common effects of routine dental care

Teeth and gums may be sensitive or sore during and after treatment, including after cleanings and fillings. Jaw muscles may be tired or sore after a long appointment, and keeping the mouth open can aggravate a jaw (TMJ) condition. The lips, cheeks, or tongue can occasionally be irritated or nicked. Dental materials or medications can cause allergic or sensitivity reactions. Rarely, a small item such as a crown or instrument part may be swallowed or inhaled, which may require medical evaluation.

Medications

I will tell the office about every medication I take or have taken. I understand that certain bone medications (such as Fosamax, Actonel, Boniva, Reclast, or Prolia) have been associated with poor healing of the jawbone after extractions or oral surgery, and that blood thinners and some other medications can affect treatment.

I may withdraw this consent at any time. My signature below confirms that I have read this page and had the chance to ask questions.

Printed name	Signature *	Relationship, if not patient	Date *

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SECTION 5 · PART 2 OF 2

Financial policy

Payment

Payment for your portion of each visit is due at the time of service unless you have made other arrangements with our office in advance. We accept the payment methods posted at our front desk.

Dental insurance

Our office does not have a contract with any dental plan, so we are out of network with every plan. Your dental benefit plan is a contract between you (or your employer) and the plan. As a courtesy, we will submit claims to your plan and give you our best estimate of what your plan may pay. An estimate is not a guarantee of payment. You are responsible for any amount your plan does not pay, including deductibles, co-payments, non-covered services, amounts above your annual maximum, and claims the plan denies or does not pay within a reasonable time. Please tell us about any change to your insurance before your visit.

Unpaid balances

We will send you a statement for any balance and contact you before an account is referred to a collection agency. We may contact you, or a collection agency or attorney acting for us may contact you, about an unpaid balance by mail, phone (including mobile), text message, or email, using the contact information you give us.

NOTICE TO CA CONSUMER: A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates that section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.

Assignment of benefits and release of information

I authorize my dental plan to pay benefits directly to Jacqueline Younesi Dentistry, and I authorize the office to share with my plan the information it needs to process my claims.

By signing, I confirm that I have read and agree to this financial policy and that I am the patient or the person responsible for the patient's account.

Printed name	Signature *	Relationship, if not patient	Date *

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SECTION 6

Appointment and cancellation policy

Your appointment time is reserved for you alone. When an appointment is missed, that time cannot be offered to another patient who needs care. Thank you for helping us keep the schedule fair for everyone.

- **Please give at least 48 hours' notice** if you need to cancel or reschedule. You may call (949) 409-9895 and leave a voicemail at any time, day or night.
- **A $75 missed-appointment fee** may be charged to your account if an appointment is missed or cancelled with less than 48 hours' notice.
- **Arriving 20 minutes or more late** without letting us know may be treated as a missed appointment, and the same fee may apply.
- **Emergencies happen.** We review each situation individually and may waive the fee.
- This fee is billed to you, not to your dental plan.

We may update this policy in the future and will let you know before a change applies to you.

I have read and understand the appointment and cancellation policy and agree to its terms.

Printed name	Signature *	Relationship, if not patient	Date *

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SECTION 7

Acknowledgments

Acknowledgment of receipt of our Notice of Privacy Practices

Our Notice of Privacy Practices explains how we may use and share your health information and describes your rights. It is posted in our office, available at our front desk, and published at jyounesidentistry.com/notice-of-privacy-practices.

I acknowledge that I have received, or been offered, a copy of the Notice of Privacy Practices of Jacqueline Younesi Dentistry. I understand that signing this acknowledgment is not a condition of receiving care.

Printed name	Signature *	Relationship, if not patient	Date *

Office use only, if the acknowledgment was not signed: reason and staff initials _____

Acknowledgment of receipt of the Dental Materials Fact Sheet

California law (Business and Professions Code section 1648.15) requires us to give every new patient the Dental Board of California's Dental Materials Fact Sheet and to keep your signed acknowledgment that you received it. The Fact Sheet describes the benefits and risks of the materials used to restore teeth, such as composite resin, amalgam (silver fillings), glass ionomer, porcelain, and gold. A copy is included at the end of this packet for you to keep. You do not need to return those pages, and you may ask us for another copy at any time.

I acknowledge that I have received the Dental Board of California's Dental Materials Fact Sheet.

Printed name	Signature *	Relationship, if not patient	Date *

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SECTION 8

Communication preferences

How we may contact you

We use the contact information you give us for appointment reminders and messages about your care and your account.

May we leave a detailed message on your voicemail?	◯ Yes	◯ No
May we leave a message with someone who answers at your home?	◯ Yes	◯ No
May we send appointment reminders by text message?	◯ Yes	◯ No
May we send appointment reminders and statements by email?	◯ Yes	◯ No

People we may speak with about your care

List anyone you allow us to talk with about your appointments, treatment, or account. You can change this at any time.

Name	Relationship	Phone

Name	Relationship	Phone

Email and text about your care

If you would like, we can send you information about your care, such as treatment plans, X-rays, and statements, by email or text message. Regular email and text are convenient but are not completely private, so please give us an email address and mobile number that only you, or people you trust, can see. You can change your choice at any time by letting us know. Please do not use email or text for urgent matters. In an emergency, call 911.

May we email or text you information about your care? ◯ Yes ◯ No

Email address	Mobile number

Printed name	Signature *	Relationship, if not patient	Date *

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SECTION 9 · OPTIONAL · PART 1 OF 2

Authorization to use photographs and testimonials

This authorization is optional. You may decline, and your decision will not affect your care in any way.

Patient name

Date of birth
MM/DD/YYYY

What I authorize

I authorize Jacqueline Younesi Dentistry and Dr. Jacqueline Younesi to use and disclose the information I select below to show examples of dental treatment to the public. Choose one:

- ○ **A.** Photographs of my teeth and smile only. No face and no name.
- ○ **B.** Photographs of my teeth, smile, and face, with my first name.
- ○ **C.** Everything in B, plus a brief description of my treatment or a testimonial in my own words.
- ○ **I decline.** Do not use my photographs, name, or story.

Who may use it, and where

The information may be used by Jacqueline Younesi Dentistry and disclosed to the public through the practice's website, the practice's social media accounts (such as Instagram and Facebook), printed materials and displays in the office, case presentation books, and practice advertising. It may also be shared with the practice's website and marketing service providers only to prepare and publish it as described here.

Limits

The practice will not use my last name, contact information, or any health information other than what is shown by the treatment in the photographs I selected. The practice will not sell my information, and neither the practice nor I will be paid for this use.

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SECTION 9 · OPTIONAL · PART 2 OF 2

Photograph authorization, continued

How long this lasts

This authorization expires one year from the date I sign it, unless I write a different expiration date here:

Expiration date I choose (optional)
MM/DD/YYYY

My rights

- I may revoke this authorization at any time by writing to the Privacy Officer at the office address above. The practice will then stop new uses and remove my images from the website and accounts it controls, but it cannot undo uses that already happened or recall copies others have made.
- My treatment, payment, and eligibility for care do not depend on whether I sign.
- Once published, my photographs and story may be seen, copied, or shared by others and may no longer be protected by federal or California privacy law.
- I have the right to receive a copy of this authorization.

This signature is only for this authorization.

Printed name

Signature *

Relationship, if not patient

Date *

The Facts About Fillings



DENTAL BOARD OF CALIFORNIA

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.

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



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

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



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

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