HIPAA

NOTICE OF PRIVACY PRACTICES FOR THE OFFICES OF:

Sonoma Smiles

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact

Sonoma Smiles

Of our office at

1330 Medical Center Dr. Suite #1
Rohnert Park, CA 94928

info@sonomasmiles.com
707 585 2555

WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by our employees, staff and other office personnel. The practices described in this notice will also be followed by health care providers you consult with by telephone (when your regular health care provider from our office is not available) who provide "call coverage" for your health care provider.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment

We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

For Payment

We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

For Health Care Operations

We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

Appointment Reminders

We may contact you as a reminder that you have an appointment for treatment or medical care at the office.

Treatment Alternatives

We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Products and Services

We may tell you about health-related products or services that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (at the address listed at the top of this Notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

SPECIAL SITUATIONS

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required By Law

We will disclose health information about you when required to do so by federal, state or local law.

Research

We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

Organ and Tissue Donation

If you are an organ donor, we may release health information to organizations that handle organ procurement, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence

If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Health Oversight Activities

We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order.

Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

Law Enforcement

We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors

We may release health information to a coroner or medical examiner.

This may be necessary, for example, to identify a deceased person or determine the cause of death.

Information Not Personally Identifiable

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Family and Friends

We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization from you that complies with the law governing HIV or substance abuse records.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to:

Sonoma Smiles

Of our office at

1330 Medical Center Dr. Suite #1
Rohnert Park, CA 94928

info@sonomasmiles.com
707 585 2555

in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you

are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend

If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.

b) Is not part of the health information that we keep.

c) You would not be permitted to inspect and copy.

d) Is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to:

Sonoma Smiles

Of our office at

1330 Medical Center Dr. Suite #1
Rohnert Park, CA 94928

info@sonomasmiles.com
707 585 2555

It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper,

electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are Not Required to Agree to Your Request

We may not (and are not required to) agree to your restrictions with one exception: If you pay in full (out of pocket) for a service you receive from us, and you request that we not submit the claim for this service to your health insurer or health plan for reimbursement, we must honor that request.

If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact:

Sonoma Smiles

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

To request restrictions, you may complete and submit a Request For Restricting Uses and Disclosures and Confidential Communications Form Information to:

Sonoma Smiles

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail or to contact you by text or your cell phone number regarding appointments, treatment, insurance, and your account. You can withdraw your consent from our policy at any time and request your confidential communication preferences, by completing and submitting the Requests For Restricting Uses and Disclosures and Confidential Communications to:

Sonoma Smiles

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact:

1330 Medical Center Dr. Suite #1
Rohnert Park, CA 94928

info@sonomasmiles.com
707 585 2555

You will not be penalized for filing a complaint.

Signature _____

GENERAL PATIENT INFORMATION

Patient Registration

Patient Information

Full Name: _____

Date of Birth: _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Unknown ☐ Partner

Sex: ☐ Male ☐ Female ☐ Unknown

SSN/ID: _____

Email Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Drivers License

State: _____

Number: _____

Home Address:

Address: _____

City, State and ZIP: _____

Billing Address:

Address: _____

City, State and ZIP: _____

Work Information

Employer: _____

Occupation: _____

Work Phone Number: _____

Method of Contact: ☐ Phone ☐ Email ☐ Text Message ☐ Any of the previous ones

Emergency Contact:

Full Name: _____

Phone Number: _____

Relation: _____

How did you hear about our office?

Who may we thank for referring you? _____

GENERAL PATIENT INFORMATION

Financial Information

Patient's Payment Details – Guarantor (Person responsible for paying the bill)

Guarantor Name: _____

SSN/ID: _____

Relation to Patient: _____

Guarantor Birth Date: _____

Guarantor Sex: _____

Guarantor Address: _____

Guarantor City, State and ZIP: _____

Email Address: _____

Guarantor Phone Number: _____

Bussiness Phone Number: _____

Guarantor Employer

Employer Name: _____

Address: _____

City, State and ZIP: _____

Guarantor Employer Phone Number: _____

Email Address: _____

Patient's Student Status

Student Status: _____

College: _____

College Address: _____

Primary Dental Insurance Company – Subscriber and Insurance Company Details

Subscriber Name: _____

Date of Birth: _____

SSN/ID: _____

Employer: _____

Relation to Patient: _____

Policy Number: _____

Group Number: _____

Group Name: _____

Plan Effective Date: _____

Plan Expiration Date: _____

Insured Address: _____

Insured City, State and ZIP: _____

Coverage Type: ☐ Individual ☐ Family ☐ Prepaid / Capitation

Insurance Company Details

Insurance Company: _____

Contact Person: _____

Phone Number: _____

Full Address: _____

GENERAL PATIENT INFORMATION

Financial Information

Secondary Dental Insurance Company – Subscriber and Insurance Company Details

Subscriber Name: _____

Date of Birth: _____

SSN/ID: _____

Employer: _____

Policy Number: _____

Group Number: _____

Coverage Type: ☐ Individual ☐ Family ☐ Prepaid / Capitation

Insurance Company: _____

Company Phone Number: _____

Company City, State, ZIP: _____

Pharmacy Information

Name: _____

Address: _____

Pharmacy Phone Number: _____

Medicaid Number: _____

I authorize the dentist to release any information, including diagnosis, treatment plans/records and radiographs to third party payers and/or health practitioners. I authorize and request that my insurance company (if applicable) pay directly to the dental group or dentist benefits that are, otherwise, payable to me. I understand that my dental insurance may pay less than the actual bill for service or may not cover certain treatment.

I hereby certify that the foregoing information is accurate and complete and that in consideration of treatment and services rendered to me or my dependents by this dental office, I accept responsibility and agree to be obligated to pay the office in accordance with its payment and credit terms and policies.

Signature: _____

PATIENT MEDICAL HISTORY

Patient's Medical History

Physician Information

Physician's Full Name: _____

Address: _____

City, State and ZIP: _____

Are you currently under a physician's Care? ☐ Yes ☐ No

If Yes, for what?

Are you taking any medication, drugs or pills? ☐ Yes ☐ No

If so, please list the names and dosages of each:

Have you been hospitalized in the last two years? ☐ Yes ☐ No

If Yes, for what?

Do you Smoke? ☐ Yes ☐ No How Much? _____

Women Only

Are you pregnant? ☐ Yes ☐ No What is your due date? _____

Are you nursing? ☐ Yes ☐ No Are you taking birth control pills? ☐ Yes ☐ No

Are you on Hormone Therapy? ☐ Yes ☐ No

Patient's Current or Previous Conditions

Select any of the following if you presently have or have had the condition in the past:

Medical Alerts

- ☐ Allergic to Penicillin
- ☐ Allergic to Tetracycline
- ☐ Allergic to Aspirin
- ☐ Allergic to Codeine
- ☐ Allergic to 'Novocaine'
- ☐ Allergic to Latex Rubber
- ☐ Pre-Medication required
- ☐ Mitral Valve Prolaspe
- ☐ Heart Problems
- ☐ Pacemaker
- ☐ HIV Positive
- ☐ Prior Hepatitis
- ☐ Other

Medical Conditions

- ☐ Heart Attack
- ☐ Heart Murmur
- ☐ Chest Pain
- ☐ Congenital Heart Problem
- ☐ Artificial Heart Valve
- ☐ Heart Surgery
- ☐ High/Low Blood Pressure
- ☐ Rheumatic Fever
- ☐ Anemia
- ☐ Blood Disease
- ☐ Blood Transfusion
- ☐ Stroke
- ☐ Deep Vein Clot
- ☐ Hemophilia
- ☐ Excessive Bleeding when Cut
- ☐ Sickle Cell Disease
- ☐ Glaucoma
- ☐ Diabetes
- ☐ Excessive Thirst
- ☐ Scarlet Fever
- ☐ Thyroid Disease
- ☐ Parathyroid Disease
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Hepatitis A or B
- ☐ Yellow Jaundice
- ☐ Cancer
- ☐ X-Ray or Cobalt Treatment
- ☐ Chemotherapy
- ☐ Ulcers
- ☐ Gastrointestinal Upset
- ☐ Acid Reflux
- ☐ Lung Disease
- ☐ Tuberculosis
- ☐ Shortness of Breath
- ☐ Emphysema
- ☐ Asthma
- ☐ Sinus Trouble
- ☐ Hay Fever
- ☐ Frequent Cough
- ☐ Rheumatism
- ☐ Arthritis/Gout
- ☐ Osteoporosis
- ☐ Swelling of Feet/Ankles
- ☐ Artificial Joint Replacement
- ☐ Psychiatric Care
- ☐ Epilepsy or Seizures
- ☐ Extreme Nervousness
- ☐ Fainting or Dizziness
- ☐ Hypoglycemia
- ☐ Hives
- ☐ Cold Sores/Fever Blisters
- ☐ Venereal Disease
- ☐ Herpes
- ☐ HPV (Human Papillomavirus)
- ☐ Cortisone Treatment
- ☐ Chemical Dependency

PATIENT DENTAL HISTORY

Patient's Dental History

What is your primary reason for seeking dental care?

_____

Previous Dentist Information

Dentist's Full Name: _____

City, State and ZIP: _____

Month and Year of Last Visit: _____

What was done at your last visit? _____

Date of Last full mouth x-rays: _____

Reason for leaving previous dentist: _____

How often do you visit the dentist? ☐ Annual Check Up ☐ Twice a Year Check Up

☐ Only when I have a problem ☐ Other

Please choose the appropriate answer

Are you nervous about receiving dental treatment? ☐ Yes ☐ No

Do you gag easily? ☐ Yes ☐ No

Have you had previous problems with dental care? ☐ Yes ☐ No

If so, please explain?

Are your teeth sensitive to hot, cold, pressure or sweets? ☐ Yes ☐ No

Do you have problems with teeth/fillings breaking? ☐ Yes ☐ No

Are you aware of an uncomfortable bite? ☐ Yes ☐ No

Do your gums feel tender and/or bleed? ☐ Yes ☐ No

Does food catch between your teeth? ☐ Yes ☐ No

Have you had periodontal (gum) treatments? ☐ Yes ☐ No

Do you get sores in or around your mouth? ☐ Yes ☐ No

Do you have regular headaches, earaches or neck pains? ☐ Yes ☐ No

Do you grind or clench your teeth? ☐ Yes ☐ No

Do you hear a "clicking" sound when you open/close your mouth? ☐ Yes ☐ No

Does your jaw ever get "stuck?" ☐ Yes ☐ No

Do you have a Temporomandibular (TMJ) jaw disorder? ☐ Yes ☐ No

Are you missing teeth that have not been replaced? ☐ Yes ☐ No

Have you had excessive bleeding after an extraction? ☐ Yes ☐ No

Do you take any Bisphosphonate medication such as Fosamax, Boniva, Actonel, Aredia or Zometa? ☐ Yes ☐ No

Have you had mouth sores that take long to heal? ☐ Yes ☐ No

Do you have any dental implants? ☐ Yes ☐ No

Do you wear dentures (partials or full)? ☐ Yes ☐ No

Do you have any crowns (caps) or bridges? ☐ Yes ☐ No

Do you chew tobacco? ☐ Yes ☐ No

Do you have a dry mouth? ☐ Yes ☐ No

Are you unhappy with the appearance of your teeth? ☐ Yes ☐ No

Would you like your smile to look better? ☐ Yes ☐ No

Would you like whiter teeth? ☐ Yes ☐ No

Would you like straighter teeth? ☐ Yes ☐ No

Do you regularly use dental floss? ☐ Yes ☐ No

Do you brush at least once daily? ☐ Yes ☐ No

Is there anything else that you would like us to know?

I authorize the use of my radiographs [x-rays] and/or photographs for educational and promotional use in seminars, publications and the dental office web site. ☐ Yes ☐ No

I hereby certify that the foregoing information is accurate and complete and that I will notify the office of any changes in a timely manner. I will not hold my dentist, or any other member of his/her staff, responsible for any errors or omissions that I may have made in completion of this form.

Signature: _____

DENTAL MATERIALS FACT SHEET

WHAT ABOUT THE SAFETY OF FILLING MATERIALS?

Patient health and the safety of the dental treatments are the primary goals of California's dental professionals and 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 Professionals 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 have may come in contact with in our daily lives. The risks of such reactions are very low for all types of filling materials. Such actions can be caused by specific components of the filling materials mercury, nickel, chromium, and/or beryllium alloys. Unusually, an allergy will reveal itself as a skin rash and is easily reversed when he 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 allows, 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 is its elemental form is on the State of California's Proposition 65 list of chemical 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 (4-54%) and an alloy powder (46-57%) composed mainly of silver, tin, and copper. This has caused discussion about the risk 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 Centers of 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 woman, children, and diabetics. However, scientific evidence and research literature in peer-reviewed scientific journals suggest at otherwise healthy woman, children, and diabetics are not at an increased risk from dental amalgams in their mouths. The FDA places no restrictions on the user of dental amalgam.

Composite Resin

Some Composite Resins include Crystalline Silica, which is on the State of California's Proposition 65 list of chemical know to the state to cause cancer

It is always 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"
- Grey colored, not tooth colored.
- May darken as it corrodes; may stain in 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 or 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 our 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.
- Does not corrode.
- Generally holds up well to the forces of biting depending on product used.
- Resistance to further decay s 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 restoration.

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 on both the enamel and the dentin beneath the enamel.
- Material has low incidence of producing tooth sensitivity.
- Usually completed in one dentist 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.

RESINIOMER CEMENT

Resin ionomer cement is a mixture of glass and resin polymer and organic acid than 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 similar 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 dentin beneath the enamel.
- 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 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 resistance 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 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 o 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 glass –like material that is "enameled" on top of the 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 dental 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.

I certify that I have received an online version of Facts About Fillings and have had the opportunity to review, read and print a copy for myself.

Patient's name: _____

Signature: _____

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2005 Evergreen Street, Suite 1550 Sacramento, CA 95815
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