



FINANCIAL INFORMATION

Person responsible for this account _____		Relationship _____
Address _____		Res. Phone () _____
NUMBER STREET	APT. #	
CITY	ZIP	Cell Phone () _____

PREFERENCE OF PAYMENT:

☐ Cash on day of treatment ☐ VISA ☐ Master Card ☐ Discover

Card No. _____ Exp. _____ / _____

NAME AS IT APPEARS ON CARD _____

☐ State Aid No. _____

Patient is: ☐ **Student:** ☐ Full time ☐ Part time School Name _____

School address _____

☐ **Employed:** ☐ Full time ☐ Part time ☐ Retired ☐ **Unemployed**

Primary Insurance _____

☐ HMO Insured's Name _____

☐ PPO

Birthdate / / Relationship Soc. Sec. No. I.D. No. _____

Group Dental Plan Group No. Plan No. _____

Name of Union Local No. _____

Secondary Insurance _____

☐ HMO Insured's Name _____

☐ PPO

Birthdate / / Relationship Soc. Sec. No. I.D. No. _____

Group Dental Plan Group No. Plan No. _____

Name of Union Local No. _____

TERMS & CONDITIONS

- A.** As a condition of treatment by this office, I understand financial arrangements must be made in advance. The practice depends upon reimbursement from the patients for the costs incurred in their care and financial responsibility on the part of each patient must be determined before treatment.
- B.** All emergency dental services, or any dental service performed without prior financial arrangements, must be paid for in cash at the time services are performed.
- C.** I understand that dental services furnished to me are charged directly to me and that I am personally responsible for payment of all dental services. If I carry insurance, I understand that this office will help prepare my insurance forms to assist in making collections from insurance companies and will credit such collections to my account. However, this dental office cannot render services on the assumption that charges will be paid by an insurance company.
- D. Assignment of Insurance:** I hereby authorize my insurance company to pay directly to my dentist the benefits accruing to me under my policy.
- E.** A service charge of 1½% per month (18% per annum) (but in no event more than the maximum rate permissible under state law) will be charged on the unpaid principal balance on all accounts not paid within 60 days of treatment date.
- F.** I understand that the fee estimate listed for this dental case can only be extended for a period of six months from the date of the patient's examination.
- G.** In consideration of the professional services rendered to me, or at my request, by the Doctor and/or his staff, I agree to pay, therefore, the reasonable value of said services to said Doctor, or his assignee, at the time said services are rendered, or within five (5) days of billing if credit shall be extended. I further agree that the reasonable value of said services shall be billed unless objected to by me, in writing, within the time for payment thereof. Additionally, I agree that a waiver for any breach of any term or condition hereunder shall not constitute a waiver of any further term or condition. I further agree that in the event that either this office or I institute any legal proceedings with respect to amounts owed by me for services rendered, the prevailing party in such proceedings shall be entitled to recover all costs incurred including reasonable attorney's and/or collection fees.
- H.** I grant my permission to you, or your assigns, to telephone me at home or at my work to discuss matters related to this form.
- I.** I have read the above conditions of treatment and agree to their content:

Signature _____ Date _____/_____/_____



HEALTH QUESTIONNAIRE

These questions are for your benefit and assure that treatment will take into consideration your past and present health status. Some questions may seem unrelated to your dental condition, but they are all associated with proper oral health care.

Please answer each question. Check the appropriate box and/or circle Yes or No where applicable.

Example: Are you alive? ☒ Yes ☐ No

MEDICAL HISTORY

1. Are you in good health? Yes ☐ No ☐
 2. Date of last physical examination / / Height Weight
 3. Are you now under the care of a physician? Yes ☐ No ☐
If so, what is the condition being treated?
 4. Have you ever had any serious illness or operation? Yes ☐ No ☐
If so, what illness or operation?
 5. Have you ever been hospitalized? Yes ☐ No ☐
If so, what was the problem?
 6. Are you taking any ☐ medications, ☐ drugs or ☐ herbs? Yes ☐ No ☐
If so, what? What dosage?
 7. Are you using any recreational drugs? (marijuana, cocaine, etc.) Yes ☐ No ☐
If so, what?
 8. Have you ever been premedicated with antibiotics for your dental treatment? Yes ☐ No ☐
 9. Are you sensitive or allergic to any drugs or materials? ☐ Penicillin ☐ Tetracycline ☐ Sulfa Drugs ☐ Aspirin
☐ Codeine or other Narcotics ☐ Valium ☐ Latex ☐ Other
If Other, what drugs or allergies?
 10. Do you have or have you had any of the following: (Please circle 'Y' for Yes or 'N' for No - answer all conditions)
- | | | | | |
|------------------------|---------------------------|--------------------------------|----------------------------------|---|
| Y N Anemia | Y N Cold Sores | Y N Heart Attack | Y N Nervous Disorders | Y N Psychiatric Treatment |
| Y N Herpes | Y N Emphysema | Y N Cerebral Palsy | Y N Tumors or Growths | Y N Hepatitis or Jaundice |
| Y N Stroke | Y N Rheumatism | Y N Drug Addiction | Y N Allergies or Hives | Y N Difficulty Swallowing |
| Y N Ulcers | Y N Chicken Pox | Y N Kidney Disease | Y N Pain in Jaw Joints | Y N Congenital Heart Lesions |
| Y N Diabetes | Y N Bruise Easily | Y N Chemotherapy | Y N Artificial Prosthesis | Y N Osteoporosis |
| Y N Arthritis | Y N Head Injuries | Y N Stomach Ulcers | Y N Sickle Cell Disease | Y N X-Ray or Cobalt Treatment |
| Y N Asthma | Y N Heart Failure | Y N Angina Pectoris | Y N Cortisone Medicine | Y N Radiation Treatment of any kind |
| Y N Cancer | Y N Scarlet Fever | Y N Mental Disorder | Y N Allergies to Metals | Y N Venereal Disease (Syphilis, Gonorrhea) |
| Y N Seizures | Y N Sinus Trouble | Y N Thyroid Disease | Y N Excessive Bleeding | Y N Acquired Immune Deficiency Syndrome (AIDS) |
| Y N Hay Fever | Y N Sleep Apnea | Y N Fainting Spells | Y N Mitral Valve Prolapse | Y N Temporomandibular Joint Disorder (TMJ) |
| Y N Headaches | Y N Snoring | Y N Rheumatic Fever | Y N High Blood Pressure | |
| Y N Implant (s) | Y N Heart Murmur | Y N Tuberculosis (T.B.) | Y N Low Blood Pressure | |
| Y N Glaucoma | Y N Liver Disease | Y N Blood Transfusion | Y N HIV Related Complex | |
| Y N Tonsillitis | Y N Blood Disease | Y N Low Blood Sugar | Y-N Respiratory Disease | |
| Y N Hemophilia | Y N Heart Ailments | Y N Joint Replacement | Y N Epilepsy or Seizures | |
11. Do you have a history of Tuberculosis? Yes ☐ No ☐
Do you have any of the following: **Y N** Bloody specks in your phlegm? **Y N** Night sweats?
Y N Recent weight loss not associated with a weight loss program? **Y N** Any kind of lingering fever?
 12. Do you have any disease, condition or problem not listed that you think we should know about? Yes ☐ No ☐
If so, what?
 13. Do you wear a cardiac pacemaker, or have you had heart surgery? Yes ☐ No ☐
 14. Do you smoke? If yes, how much? ☐ Cigarettes ☐ Cigars ☐ Packs per day Yes ☐ No ☐
 15. Have you ever taken the drugs ☐ Fen-Phen, ☐ Redux, ☐ Fosamax (Bisphosphonate), ☐ Zometa, ☐ Actonel, ☐ Boniva, ☐ Aredia, ☐ Diet Drugs? Yes ☐ No ☐
 16. (Women) Are you pregnant? If so how many months? Yes ☐ No ☐
 17. (Women) Do you have any problems associated with your menstrual period? Yes ☐ No ☐
 18. (Women) Do you take any birth control medication or hormones? Yes ☐ No ☐
 19. (Women) Are you nursing? Yes ☐ No ☐

WOMEN PLEASE NOTE: Antibiotics such as penicillin may decrease the effectiveness of birth control pills.

Consult your physician or gynecologist regarding backup methods of birth control.



HEALTH QUESTIONNAIRE

HEALTH QUESTIONNAIRE MUST BE CONTINUALLY UPDATED!

DENTAL HISTORY

1. Have you ever had a local anesthetic (Novocaine, etc.)? Yes No
2. Have you ever had any unfavorable reaction from a local anesthetic? Yes No
3. Have you had any serious trouble associated with any previous dental treatment? Yes No

If so, explain?

4. Do you have unhealed injuries or inflamed areas, growths, or sore spots in or around your mouth? Yes No
5. How long since your last full mouth X-Rays? _____ Weeks _____ Months _____ Years
6. How long since your last dental treatment? _____ Weeks _____ Months _____ Years
7. Does dental treatment make you nervous? ☐ Slightly ☐ Moderately ☐ Extremely?
8. Would you desire to be pre-sedated? Yes No
9. Are there any other health conditions your doctor should know about? Yes No

If so, what?

DO NOT WRITE IN THIS SPACE

DATE _____

B.P. _____ / _____

PULSE _____

TEMP _____

BY _____

To the best of my knowledge, all of the preceding answers are true and correct. If I ever have any change in my health or if my medications change, I will, without fail, inform the doctor at my next appointment.

A Date _____ / _____ / _____ Signature _____

B UPDATE — Since your last visit:

1. Have you seen a medical doctor? Yes No
2. Have you had a change in your medication? Yes No
3. Have you had a change in your medical condition or had surgery? ... Yes No

Please note changes in health since last visit. If no changes, please write "None"

DO NOT WRITE IN THIS SPACE

DATE _____

B.P. _____ / _____

PULSE _____

TEMP _____

BY _____

Date _____ / _____ / _____ Signature _____

C UPDATE — Since your last visit:

1. Have you seen a medical doctor? Yes No
2. Have you had a change in your medication? Yes No
3. Have you had a change in your medical condition or had surgery? ... Yes No

Please note changes in health since last visit. If no changes, please write "None"

DO NOT WRITE IN THIS SPACE

DATE _____

B.P. _____ / _____

PULSE _____

TEMP _____

BY _____

Date _____ / _____ / _____ Signature _____

☐ I hereby acknowledge I have received a copy of this practice's **NOTICE OF PRIVACY PRACTICES**. I further understand that the practice will offer me updates to this NOTICE OF PRIVACY PRACTICES should it be amended, modified, or changed in any way.

☐ Patient refused / was unable to sign because _____

☐ I have received a copy of the **Dental Materials Fact Sheet** as required by law.

To the best of my knowledge, all of the preceding answers are true and correct. If I ever have any change in my health or if my medications change, I will, without fail, inform the doctor at my next appointment.

Signature: _____ Date: _____ / _____ / _____ Relationship to Patient _____

CONSENT FOR TREATMENT: I hereby grant authority to the dentist(s) in charge of the care of the patient whose name appears on this Health History form, to administer such anesthetics, analgesics, sedatives, nitrous oxide sedation and intravenous sedation; and to perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient. I have been informed of all possible complications of the procedures, anesthetics and/or drugs.

All services are rendered and accepted under the terms and conditions printed on page 2 hereof:

Authorization must be signed by the patient, or by the nearest relative in the case of a minor or when the patient is physically or mentally incompetent.

Signature: _____ Date: _____ / _____ / _____ Relationship to Patient _____

Notice of Privacy Practice

Gordon E Haag Jr, DDS, Inc

- This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.
- At Gordon E Haag, Jr, DDS, Inc we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice.
- The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist doctor whom we may involve in your care.
- We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to your insurance company.
- We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer.
- We may share your medical information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy.
- We may use your information to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.
- In an emergency, we may disclose your health information to a family member or another person responsible for your care.
- We may release some or all of your health information when required by law.
- If this practice is sold, your information will become the property of the new owner.
- Except as described above, this practice will not use or disclose your health information without your prior written authorization.
- You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.
- You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.
- As we will need to contact you from time to time, we will use whatever address or telephone number you prefer.
- You have the right to transfer copies of your health information to another practice. We will mail your files for you.
- You have the right to see and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your records, we may charge you a reasonable fee for the copies.
- You have the right to request an amendment or change your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.
- You have the right to receive a copy of this notice.
- If we change any of the details of this notice, we will notify you of the changes in writing.
- You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our Privacy Officer, Patricia Paez, at (714) 879-4910.
- This notice goes into effect as of April 14, 2003.

Acknowledgement

I have received a copy of the Gordon E Haag, Jr, DDS, Inc Notice of Privacy Practices.

Date _____

Signed _____

Printed Name _____

If signing as a parent or guardian, please note the name of the patient _____

The following document is the Dental Board of California's Dental Materials Fact Sheet. The Department of Consumer Affairs has no position with respect to the language of this Dental Material Fact Sheet; and its linkage to the DCA website does not constitute an endorsement of the content of this document.

The Dental Board of California

Dental Materials Fact Sheet

Adopted by the Board on October 17, 2001

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(714) 879-4910

As required by Chapter 801, Statutes of 1992, the Dental Board of California has prepared this fact sheet to summarize information on the most frequently used restorative dental materials. Information on this fact sheet is intended to encourage discussion between the patient and dentist regarding the selection of dental materials best suited for the patient's dental needs. It is not intended to be a complete guide to dental materials science.

The most frequently used materials in restorative dentistry are amalgam, composite resin, glass ionomer cement, resin-ionomer cement, porcelain (ceramic), porcelain (fused-to-metal), gold alloys (noble) and nickel or cobalt-chrome (base-metal) alloys. Each material has its own advantages and disadvantages, benefits and risks. These and other relevant factors are compared in the attached matrix titled "Comparisons of Restorative Dental Materials." A Glossary of Terms" is also attached to assist the reader in understanding the terms used.

The statements made are supported by relevant, credible dental research published mainly between 1993 - 2001. In some cases, where contemporary research is sparse, we have indicated our best perceptions based upon information that predates 1993.

The reader should be aware that the outcome of dental treatment or durability of a restoration is not solely a function of the material from which the restoration was made.

The durability of any restoration is influenced by the dentist's technique when placing the restoration, the ancillary materials used in the procedure, and the patient's cooperation during the procedure. Following restoration of the teeth, the longevity of the restoration will be strongly influenced by the patient's compliance with dental hygiene and home care, their diet and chewing habits.

Both the public and the dental profession are concerned about the safety of dental treatment and any potential health risks that might be associated with the materials used to restore the teeth. All materials commonly used (and listed in this fact sheet) have been shown -- through laboratory and clinical research, as well as through extensive clinical use -- to be safe and effective for the general population. The presence of these materials in the teeth does not cause adverse health problems for the majority of the population. There exist a diversity of various scientific opinions regarding the safety of mercury dental amalgams. The research literature in peer-reviewed scientific journals suggests that otherwise healthy women, children and diabetics are not at increased risk for exposure to mercury from dental amalgams. Although there are various opinions with regard to mercury risk in pregnancy, diabetes, and children, these opinions are not scientifically conclusive and therefore the dentist may want to discuss these opinions with their patients. There is no research evidence that suggests pregnant women, diabetics and children are at increased health risk from dental amalgam fillings in their mouth. A recent study reported in the JADA factors in a reduced tolerance (1/50th of the WHO safe limit) for exposure in calculating the amount of mercury that might be taken in from dental fillings. This level falls below the established safe limits for exposure to a low concentration of mercury or any other released component from a dental restorative material. Thus, while these sub-populations may be perceived to be at increased health risk from exposure to dental restorative materials, the scientific evidence does not support that claim. However, there are individuals who may be susceptible to sensitivity, allergic or adverse reactions to selected materials. As with all dental materials, the risks and benefits should be discussed with the patient, especially with those in susceptible populations.

There are differences between dental materials and the individual elements or components that compose these materials. For example, dental amalgam filling material is composed mainly of mercury (43-54%) and varying percentages of silver, tin, and copper (46-57%). It should be noted that elemental mercury is listed on the Proposition 65 list of known toxins and carcinogens. Like all materials in our environment, each of these elements by themselves is toxic at some level of concentration if they are taken into the body. When they are mixed together, they react chemically to form a crystalline metal alloy. Small amounts of free mercury may be released from amalgam fillings over time and can be detected in bodily fluids and expired air. The important question is whether any free mercury is present in sufficient levels to pose a health risk. Toxicity of any substance is related to dose, and doses of mercury or any other element that may be released from dental amalgam fillings falls far below the established safe levels as stated in the 1999 US Health and Human Service Toxicological Profile for Mercury Update.

All dental restorative materials (as well as all materials that we come in contact with in our daily life) have the potential to elicit allergic reactions in hypersensitive individuals.¹ These must be assessed on a case-by-case basis, and susceptible individuals should avoid contact with allergenic materials. Documented reports of allergic reactions to dental amalgam exist (usually manifested by transient skin rashes in individuals who have come into contact with the material), but they are atypical. Documented reports of toxicity to dental amalgam exist, but they are rare. There have been anecdotal reports of toxicity to dental amalgam and as with all dental material risks and benefits of dental amalgam should be discussed with the patient, especially with those in susceptible populations.

Composite resins are the preferred alternative to amalgam in many cases. They have a long history of biocompatibility and safety. Composite resins are composed of a variety of complex inorganic and organic compounds, any of which might provoke allergic response in susceptible individuals. Reports of such sensitivity are atypical. However, there are individuals who may be susceptible to sensitivity, allergic or adverse reactions to composite resin restorations. The risks and benefits of all dental materials should be discussed with the patient, especially with those in susceptible populations.

Other dental materials that have elicited significant concern among dentists are nickel-chromium-beryllium alloys used predominantly for crowns and bridges. Approximately 10% of the female population are alleged to be allergic to nickel.² The incidence of allergic response to dental restorations made from nickel alloys is surprisingly rare. However, when a patient has a positive history of confirmed nickel allergy, or when such hypersensitivity to dental restorations is suspected, alternative metal alloys may be used. Discussion with the patient of the risks and benefits of these materials is indicated.

¹ Dental Amalgam: A scientific review and recommended public health service strategy for research, education and regulation, Dept. of Health and Human Services, Public Health Service, January 1993.

² Merck Index 1983. Tenth Edition, M Narsha Windhol z, (ed).

Comparisons of Direct Restorative Dental Materials

TYPES OF DIRECT RESTORATIVE DENTAL MATERIALS				
COMPARATIVE FACTORS	AMALGAM	COMPOSITE RESIN (DIRECT AND INDIRECT RESTORATIONS)	GLASS IONOMER CEMENT	RESIN-IONOMER CEMENT
General Description	Self-hardening mixture in varying percentages of a liquid mercury and silver-tin alloy powder.	Mixture of powdered glass and plastic resin; self-hardening or hardened by exposure to blue light.	Self-hardening mixture of glass and organic acid.	Mixture of glass and resin polymer and organic acid; self hardening by exposure to blue light.
Principle Uses	Fillings; sometimes for replacing portions of broken teeth.	Fillings, inlays, veneers, partial and complete crowns; sometimes for replacing portions of broken teeth.	Small fillings; cementing metal & porcelain/metal crowns, liners, temporary restorations.	Small fillings; cementing metal & porcelain/metal crowns, and liners.
Resistance to Further Decay	High; self-sealing characteristic helps resist recurrent decay; but recurrent decay around amalgam is difficult to detect in its early stages.	Moderate; recurrent decay is easily detected in early stages.	Low-Moderate; some resistance to decay may be imparted through fluoride release.	Low-Moderate; some resistance to decay may be imparted through fluoride release.
Estimated Durability (permanent teeth)	Durable	Strong, durable.	Non-stress bearing crown cement.	Non-stress bearing crown cement.
Relative Amount of Tooth Preserved	Fair; Requires removal of healthy tooth to be mechanically retained; No adhesive bond of amalgam to the tooth.	Excellent; bonds adhesively to healthy enamel and dentin.	Excellent; bonds adhesively to healthy enamel and dentin.	Excellent; bonds adhesively to healthy enamel and dentin.
Resistance to Surface Wear	Low Similar to dental enamel; brittle metal.	May wear slightly faster than dental enamel.	Poor in stress-bearing applications. Fair in non-stress bearing applications.	Poor in stress-bearing applications; Good in non-stress bearing applications.
Resistance to Fracture	Amalgam may fracture under stress; tooth around filling may fracture before the amalgam does.	Good resistance to fracture.	Brittle; low resistance to fracture but not recommended for stress-bearing restorations.	Tougher than glass ionomer; recommended for stress-bearing restorations in adults.
Resistance to Leakage	Good; self-sealing by surface corrosion; margins may chip over time.	Good if bonded to enamel; may show leakage over time when bonded to dentin; Does not corrode.	Moderate; tends to crack over time.	Good; adhesively bonds to resin, enamel, dentine/ post-insertion expansion may help seal the margins.
Resistance to Occlusal Stress	High; but lack of adhesion may weaken the remaining tooth.	Good to Excellent depending upon product used.	Poor; not recommended for stress-bearing restorations.	Moderate; not recommended to restore biting surfaces of adults; suitable for short-term primary teeth restorations.
Toxicity	Generally safe; occasional allergic reactions to metal components. However amalgams contain mercury. Mercury in its elemental form is toxic and as such is listed on prop 65.	Concerns about trace chemical release are not supported by research studies. Safe; no known toxicity documented. Contains some compounds listed on prop 65.	No known incompatibilities. Safe; no known toxicity documented.	No known incompatibilities. Safe; no known toxicity documented.
Allergic or Adverse Reactions	Rare; recommend that dentist evaluate patient to rule out metal allergies.	No documentation for allergic reactions was found.	No documentation for allergic reactions was found. Progressive roughening of the surface may predispose to plaque accumulation and periodontal disease.	No known documented allergic reactions; Surface may roughen slightly over time; predisposing to plaque accumulation and periodontal disease if the material contacts the gingival tissue.
Susceptibility to Post-Operative Sensitivity	Minimal; High thermal conductivity may promote temporary sensitivity to hot and cold; Contact with other metals may cause occasional and transient galvanic response.	Moderate; Material is sensitive to dentist's technique; Material shrinks slightly when hardened, and a poor seal may lead to bacterial leakage, recurrent decay and tooth hypersensitivity.	Low; material seals well and does not irritate pulp.	Low; material seals well and does not irritate pulp.
Esthetics (Appearance)	Very poor. Not tooth colored: initially silver-gray, gets darker, becoming black as it corrodes. May stain teeth dark brown or black over time.	Excellent ; often indistinguishable From natural tooth.	Good; tooth colored, varies in translucency .	Very good; more translucency than glass ionomer.
Frequency of Repair or Replacement	Low; replacement is usually due to fracture of the filling or the surrounding tooth.	Low-Moderate; durable material hardens rapidly; some composite materials show more rapid wear than amalgam. Replacement is usually due to marginal leakage.	Moderate; Slowly dissolves in mouth; easily dislodged.	Moderate; more resistant to dissolving than glass ionomer, but less than composite resin.
Relative Costs to Patient	Low, relatively inexpensive; actual cost of fillings depends upon their size.	Moderate; higher than amalgam fillings; actual cost of fillings depends upon their size; veneers & crowns cost more.	Moderate; similar to composite resin (not used for veneers and crowns).	Moderate; similar to composite resin (not used for veneers and crowns).
Number of Visits Required	Single visit (polishing may require a second visit)	Single visit for fillings; 2+ visits for indirect inlays, veneers and crowns.	Single visit.	Single visit.

Comparisons of InDirect Restorative Dental Materials

TYPES OF INDIRECT RESTORATIVE DENTAL MATERIALS				
COMPARATIVE FACTORS	PORCELAIN (CERAMIC)	PORCELAIN (FUSED-TO-METAL)	GOLD ALLOYS (NOBLE)	NICKEL OR COBALT-CHROME (BASE-METAL) ALLOYS
General Description	Glass-like material formed into fillings and crowns using models of the prepared teeth.	Glass-like material that is "enameled" onto metal shells. Used for crowns and fixed-bridges.	Mixtures of gold, copper and other metals used mainly for crowns and fixed bridges.	Mixtures of nickel, chromium.
Principle Uses	Inlays, veneers, crowns and fixed-bridges.	Crowns and fixed-bridges.	Cast crowns and fixed bridges; some partial denture frameworks.	Crowns and fixed bridges; most partial denture frameworks.
Resistance to Further Decay	Good, if the restoration fits well.	Good, if the restoration fits well.	Good if the restoration fits well.	Good if the restoration fits well.
Estimated Durability (permanent teeth)	Moderate; Brittle material that may fracture under high biting forces. Not recommended for posterior (molar) teeth.	Very good. Less susceptible to fracture due to the metal substructure.	Excellent. Does not fracture under stress; does not corrode in the mouth.	Excellent. Does not fracture under stress; does not corrode in the mouth.
Relative Amount of Tooth Preserved	Good - Moderate. Little removal of natural tooth is necessary for veneers; more for crowns since strength is related to its bulk.	Moderate-High. More tooth must be removed to permit the metal to accompany the porcelain.	Good. A strong material that requires removal of a thin outside layer of the tooth.	Good. A strong material that requires removal of a thin outside layer of the tooth.
Resistance to Surface Wear	Resistant to surface wear; but abrasive to opposing teeth.	Resistant to surface wear; permits either metal or porcelain on the biting surface of crowns and bridges.	Similar hardness to natural enamel; does not abrade opposing teeth.	Harder than natural enamel but minimally abrasive to opposing natural teeth. does not fracture in bulk.
Resistance to Fracture	Poor resistance to fracture.	Porcelain may fracture.	Does not fracture in bulk.	Does not fracture in bulk.
Resistance to Leakage	Very good. Can be fabricated for very accurate fit of the margins of the crowns.	Good - Very good depending upon design of the margins of the crowns.	Very good - Excellent. Can be formed with great precision and can be tightly adapted to the tooth.	Good-Very good - Stiffer than gold; less adaptable, but can be formed with great precision.
Resistance to Occlusal Stress	Moderate; brittle material susceptible to fracture under biting forces.	Very good. Metal substructure gives high resistance to fracture.	Excellent	Excellent
Toxicity	Excellent. No known adverse effects.	Very Good to Excellent. Occasional/rare allergy to metal alloys used.	Excellent; Rare allergy to some alloys.	Good; Nickel allergies are common among women, although rarely manifested in dental restorations.
Allergic or Adverse Reactions	None	Rare. Occasional allergy to metal substructures.	Rare; occasional allergic reactions seen in susceptible individuals.	Occasional; infrequent reactions to nickel.
Susceptibility to Post-Operative Sensitivity	Not material dependent; does not conduct heat and cold well.	Not material dependent; does not conduct heat and cold well.	Conducts heat and cold; may irritate sensitive teeth.	Conducts heat and cold; may irritate sensitive teeth.
Esthetics (Appearance)	Excellent	Good to Excellent	Poor - yellow metal	Poor - dark silver metal
Frequency of Repair or Replacement	Varies; depends upon biting forces; fractures of molar teeth are more likely than anterior teeth; porcelain fracture may often be repaired with composite resin.	Infrequent; porcelain fracture can often be repaired with composite resin.	Infrequent; replacement is usually due to recurrent decay around margins	Infrequent; replacement is usually due to recurrent decay around margins.
Relative Costs to Patient	High; requires at least two office visits and laboratory services.	High; requires at least two office visits and laboratory services.	High; requires at least two office visits and laboratory services.	High; requires at least two office visits and laboratory services.
Number of Visits Required	Two - minimum; matching esthetics of teeth may require more visits.	Two - minimum; matching esthetics of teeth may require more visits.	Two - minimum	Two - minimum