

Dr. Kenneth J. Sullivan, DDS, PC

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Our office is dedicated to providing the highest quality of dental care to our patients.

Please take note that in the best health and interest of our patients we will place **ONLY** composite resin fillings on both anterior and posterior teeth as opposed to silver mercury fillings (amalgams). Most major insurance providers pay for composite fillings up to the price of amalgam fillings, with the patient paying the difference. If you have any questions regarding your individual insurance coverage we recommend you review your insurance policy book prior to your appointment or call the office for more information.

Informed Consent Tooth Colored Composite Fillings

A composite resin is a tooth-colored plastic mixture filled with glass (silicon dioxide). Dental composites were confined to the front teeth because they were not strong enough to withstand the pressure generated by the back teeth. Since then, composites have been significantly improved and can be successfully placed in the back teeth as well. Studies have now shown that composites have strength, durability, and longevity comparable to silver-mercury fillings. Esthetics are far superior over silver-mercury fillings. The dentist can blend shades to create a color nearly identical to that of the actual tooth. Composites also bond to the tooth to support the remaining tooth structure, which helps to prevent breakage and insulate the tooth from excessive temperature changes. Our office **ONLY** places composite resin (tooth colored) fillings. Please note, most dental insurance plans do not cover the entire cost of the composite fillings. This may result with the patient responsible for paying a modest balance. If you have any questions regarding your individual insurance coverage we recommend you review your insurance policy book prior to your appointment. I certify that I have read the above information regarding composite resin tooth colored fillings, and recognize that if my insurance does not pay for tooth colored restorations that I am responsible for the balance

SIGN NAME _____

PRINT NAME _____

DATE _____