

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Riverbank Modern Dentistry, Dental Practice of Maulik Shah, DDS, Inc.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and California privacy laws, we are required to maintain the privacy and security of your protected health information (PHI). We are also required to post in a clear and prominent location, and provide patients with this Notice of Privacy Practices, which details our privacy practices, our legal duties, and your rights concerning your PHI. This Notice is currently in effect, and will remain in effect until we replace it.

We reserve the right to change our privacy practices, and the terms of this Notice, at any time, provided such changes are permitted by law. If changes are made, a new Notice of Privacy Practices will be displayed in our office and will be available upon request. You may request a copy of our Notice at any time.

We will let you know promptly if a breach occurs that may have compromised the privacy and security of your PHI. We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time. Let us know in writing.

USES AND DISCLOSURES OF HEALTH INFORMATION

The following describes how PHI about you may be used in this dental office:

Treatment Services:

We may use or disclose your PHI to a physician or other health care provider providing treatment to you.

Payment:

We may use and disclose your PHI to obtain payment for services we provide to you. Upon your written request, we will not disclose to your health insurer any services paid by you out of pocket.

Healthcare Operations:

We may use and disclose your PHI in connection with our healthcare operations, which include quality assurance, disease management, training, licensing, and certification programs.

Other Authorizations:

In addition to our use of your PHI for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this notice.

Family Members, Friends, and Others Involved in Care:

Only if you agree that we may do so, we may disclose your PHI to a family member, friend, or other person if necessary to assist with your treatment and/or payment for services. We also may make information available so that another person may pick up filled prescriptions, medical supplies, records, or x-rays for you. If you are present, then prior to use or disclosure of your PHI, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose PHI that is

directly relevant to the person's involvement in your healthcare. Your PHI may be disclosed to assist in notifying a family member, caregiver, or personal representative of your location, condition, or death.

Marketing/Fundraising:

We will not use your PHI for marketing or fundraising purposes without your written consent. You can opt out of receiving information about our marketing or fundraisers. We will not sell your PHI without your explicit authorization.

Appointment Reminders:

We may use or disclose your PHI to provide you with appointment reminders such as voicemail messages, postcards, or letters. We will use unencrypted email for communicating with you at your specific request only.

Legal Requirements:

We may disclose your PHI when required to do so by law.

Abuse or Neglect:

If abuse, neglect, or domestic violence is reasonably suspected, we may use or disclose your PHI to the appropriate authorities to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security:

When required, we may disclose to military authorities the PHI of Armed Forces personnel. Information may be given to authorized federal officials when required for intelligence, counterintelligence, and national security activities. Under certain circumstances, we may disclose PHI of inmate(s) to correctional institutions or law enforcement officials having lawful custody of the inmate(s).

Business Associates:

Some services in our organization are provided through contacts with business associates. Examples include practice management software representatives, accountants, answering service personnel, etc. When these services are contracted, we may disclose your PHI to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. All of our business associates are required to safeguard your PHI and to follow HIPAA Privacy Rules.

Public Health Activities:

We may disclose medical information for public health activities, to include the following: to prevent or control disease, injury, or disability; to report reactions with medications or problems with products, to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition.

Additional Restrictions on Use and Disclosure:

Some laws may require special privacy protections that restrict the use and disclosure of certain types of PHI: alcohol and substance use disorders, biometric information, child or adult abuse or neglect including sexual assault, communicable diseases, genetic information, HIV/AIDS, mental health, prescriptions, reproductive health, and sexually transmitted diseases. We will follow the more stringent law, where it applies to us.

Substance Use Disorder (SUD) Information:

Although we are not a SUD treatment program under federal law, we may receive information from a SUD Program about you. We may not disclose SUD information for use in a civil, criminal, administrative, or legislative proceeding against you unless we have (i) your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement.

Breach Notification:

We will notify you any time your PHI may have been compromised through unauthorized acquisition, access, use or disclosure.

PATIENT RIGHTS

Access:

You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. If you request x-Rays, there will be a fee for any copies of films. You are not entitled to originals, only copies. Postage will be added if copies are to be mailed. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Details of all fees are available from the HIPAA Coordinator.

Accounting of Disclosures:

You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction:

You have the right to request that we place additional restrictions on our use or disclosure of your health information. We will keep your information confidential from your health plans if you pay in cash, at your request. In some instances, we may not be required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication:

You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment:

You have the right to request that we amend your health information. (Your request must be in writing, and must explain the reason for the amendment.) We may deny your request under certain circumstances.

Electronic Notice:

If you receive this Notice on our website or by email, you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy policy or have questions or concerns, please contact us. If you have concerns relating to a perceived violation of your privacy rights, to access to your health information, to amending or restricting the use or disclosure of your health information, or to requesting alternative means of communication, you may contact us using the contact information listed at the end of this Notice. You also may submit a written complaint to the Department of Health and Human Services (HHS). We will provide you with the HHS address upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the HHS.

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| HIPAA Coordinator | Maulik Shah, DDS |
| Telephone | 209-315-6300 |
| Fax | 209-315-6363 |
| Email | info@theriverbankdentist.com |
| Address | 2603 Patterson Rd, Suite 5, Riverbank, CA-95367 |

FINANCIAL RESPONSIBILITY & INSURANCE POLICY

PATIENT FINANCIAL RESPONSIBILITY

You (the patient or responsible party) are personally responsible for all charges incurred for services provided by Riverbank Modern Dentistry, regardless of insurance coverage, benefit estimates, or third-party payment. This agreement shall be governed by and construed in accordance with the laws of the State of California. Any dispute arising under this agreement shall be resolved in the courts of Stanislaus County, California.

INSURANCE ESTIMATES

Any insurance estimates, pre-authorizations, or benefit quotes we provide are estimates only — they are not guarantees of payment. Insurance coverage is a contract between you and your insurance carrier. We are not a party to that contract, and final coverage decisions rest solely with your insurer.

You remain responsible for any amounts not covered, denied, or adjusted by your insurance carrier for any reason, including:

- Frequency limitations or waiting periods
- Exclusions or downgrades
- Coordination of benefits
- Medical necessity determinations
- Plan limitations or missing documentation

AUTHORIZATION FOR RELEASE & PAYMENT

By signing this agreement, you authorize:

- Direct payment of insurance benefits to Riverbank Modern Dentistry.
- Release of records and information necessary for claim processing, payment, and coordination of care.
- Use of electronic claim submission systems and third-party billing services as needed.

PAYMENT TERMS

Payment is due at the time services are rendered unless prior written arrangements have been made and approved by the practice. A fee of \$35.00 will be assessed for any returned check or declined electronic payment, in addition to any bank or processing charges incurred by the practice.

The practice reserves the right to:

- Require a deposit before scheduling certain procedures.
- Place a hold on non-emergency treatment for unpaid balances.
- Require prepayment for future appointments when warranted.
- Decline future non-emergency scheduling for repeated non-payment.

DOWN PAYMENT REQUIREMENT FOR MAJOR TREATMENT

All major dental procedures — including but not limited to crowns, bridges, implants, and multi-surface restorations — require a financial deposit at the time of scheduling. This deposit is applied directly toward your treatment costs.

The deposit becomes non-refundable if an appointment is cancelled, rescheduled, or missed without at least two (2) business days' prior notice. An exception is made only for documented, verified medical emergencies.

COLLECTIONS

Balances not paid within 60 days of the statement date are considered delinquent and may be referred to a collection agency or attorney in accordance with applicable law. Interest may accrue on past-due balances at the maximum rate permitted by California law. You agree to remain responsible for all reasonable collection costs, administrative fees, attorney's fees, and other lawful costs associated with collection efforts, to the extent permitted by California law. The Practice reserves the right to report delinquent accounts to consumer credit reporting agencies as permitted by law.

RECORDS REQUESTS

Reasonable, cost-based fees up to \$0.25 per page (or up to \$50.00 for electronic or administrative transfers) may be assessed for copying, mailing, electronic transfer, or administrative processing of records and radiographs, as permitted by California law. Original records remain the property of the practice and will not be released. These fees are due prior to release of records.

APPOINTMENT, CANCELLATION & NO-SHOW POLICY

We reserve appointment times, clinical staff, and treatment rooms specifically for each patient. Out of respect for everyone's time, we ask that you notify us promptly if your plans change.

CANCELLATION NOTICE REQUIREMENT

We require at least two (2) business days' advance notice (minimum 48 hours) for any cancellation or appointment change. This allows us to offer your reserved time to another patient in need of care.

To cancel or reschedule, please call us at (209) 315-6300 or contact us through your patient portal.

SHORT-NOTICE CANCELLATION & MISSED APPOINTMENT FEE

If an appointment is cancelled, rescheduled, or missed with less than two (2) business days' (48 hours') notice, the following fees apply:

| | |
|--------------------------------------|--|
| Short-Notice Cancellation Fee | \$125.00 per 30 minutes of reserved chair time |
| Minimum Fee (any duration) | \$125.00 automatically assessed |
| Insurance Coverage | These fees cannot be billed to dental insurance and are your sole responsibility |

Note: The deposit paid for major treatment scheduling (crowns, bridges, implants, etc.) is non-refundable for short-notice cancellations. See the Financial Policy for details.

APPOINTMENT CONFIRMATIONS

We use automated text, email, and phone reminders to confirm appointments. Please respond promptly to confirmation requests. The practice reserves the right to release an unconfirmed appointment slot to another patient on our waiting list.

REPEATED NO-SHOWS — PATIENT DISMISSAL POLICY

To protect the time of our providers and other patients, we enforce the following policy for patients with active or pending treatment plans:

First No-Show or Unnotified Cancellation

A formal written warning will be issued and a fee assessed. We will work with you to reschedule your care.

Second No-Show or Unnotified Cancellation

Your active patient status will be discontinued. A formal written notice will be mailed to your address on file via certified mail.

30-Day Emergency Care Window

Following dismissal, we will provide emergency dental services only for 30 days from the date of the written notice, to prevent patient abandonment while you transition to a new provider.

Treatment In Progress

If you have an unstable, in-progress procedure (such as a temporary crown or an open root canal), you must contact us promptly to complete that treatment phase within the 30-day window to prevent complications such as infection or tooth loss.

ELECTRONIC COMMUNICATION CONSENT

PURPOSE OF THIS CONSENT

This consent authorizes Riverbank Modern Dentistry to communicate with you electronically. Electronic communication includes email, text message (SMS), patient portal messages, voicemail, and other electronic means.

WHAT WE MAY COMMUNICATE

Electronic communications from our office may include protected health information (PHI) such as:

- Appointment scheduling, reminders, and confirmations
- Treatment recommendations and follow-up instructions
- Billing and insurance information
- Clinical information, radiographs, or photographs
- Other healthcare-related communications

UNDERSTANDING THE RISKS

Electronic communications are not always completely secure. By signing this consent, you acknowledge and accept that:

- Electronic messages may be intercepted, forwarded, stored, copied, or viewed by unintended parties.
- Absolute confidentiality of electronic communications cannot be guaranteed despite our reasonable safeguards.
- Standard message and data rates from your carrier may apply.

You voluntarily accept these risks and authorize us to communicate with you electronically.

IMPORTANT LIMITATIONS

Electronic communication should NOT be used for medical emergencies or urgent dental situations. If you are experiencing a dental emergency, please call our office directly at (209) 315-6300, or in the case of a life-threatening emergency, call 911.

The practice is not responsible for transmission delays, technical failures, or disclosures occurring through third-party communication platforms, except as required by applicable law. You agree that the Practice shall not be liable for any damages, losses, or harm resulting from unauthorized interception or disclosure of electronic communications sent at your request or with your consent under this authorization.

YOUR RIGHT TO REVOKE

You may revoke this consent at any time by submitting a written request to our office. Revocation will not apply retroactively to communications already sent in reliance on this consent.

COMMUNICABLE DISEASE & INFECTION CONTROL ACKNOWLEDGMENT

OUR COMMITMENT TO INFECTION CONTROL

Riverbank Modern Dentistry follows infection control procedures and protocols established by the CDC, OSHA, and California dental board guidelines to reduce the risk of transmission of communicable diseases. However, no healthcare environment can be guaranteed completely free from exposure risk.

INHERENT RISKS OF DENTAL CARE

By receiving dental treatment, you acknowledge and understand that:

- Dental treatment involves close physical contact between patients and dental team members.
- Certain procedures may generate aerosols, droplets, or splatter.
- Despite our preventive measures, exposure to communicable diseases may occur.
- Individuals infected with a communicable illness may be asymptomatic (showing no symptoms) while still contagious.

By proceeding with treatment, you voluntarily assume the inherent risks associated with receiving care in a healthcare setting, including the potential risk of exposure to communicable diseases such as COVID-19, influenza, RSV, and other viral or bacterial conditions. To the fullest extent permitted by applicable law, you hereby release and hold harmless Riverbank Modern Dentistry, its owners, dentists, employees, and agents from any claim, loss, or liability arising from exposure to a communicable disease in our facility, provided that our standard infection control protocols were followed.

YOUR RESPONSIBILITIES

To protect our patients and team, you agree to:

- Not seek in-person treatment if you are currently experiencing symptoms of a contagious illness (such as fever, cough, runny nose, sore throat, or recent gastrointestinal illness), or if you have tested positive for a communicable disease within the past 10 days. Failure to disclose a known contagious condition prior to your appointment may render you liable for any costs, harm, or losses resulting from exposure to practice staff or other patients.
- Notify our office promptly if you develop symptoms of a contagious illness before your scheduled appointment.
- Notify our office if you become aware of a recent exposure to a communicable disease that may be relevant to patient safety.

PRACTICE'S RIGHT TO POSTPONE TREATMENT

Riverbank Modern Dentistry reserves the right to postpone or decline non-emergency treatment if the practice, in its sole clinical judgment, determines that proceeding would create an unreasonable health risk to staff, other patients, or the community. Such a determination shall not constitute patient abandonment. Where treatment is deferred due to communicable disease concerns, the practice will assist the patient in rescheduling care as soon as it is clinically appropriate to do so.

Dental Materials – Advantages & Disadvantages

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

The Facts About Fillings



DENTAL BOARD OF CALIFORNIA

2005 Evergreen Street, Suite 1550, Sacramento, CA 95815

www.dbc.ca.gov

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The Facts About Fillings

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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.

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



Dental Materials – Advantages & Disadvantages

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

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 Materials – Advantages & Disadvantages

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

