

Patient Number: _____

CPS Number: _____

Patient Information

Patient Name: LAST: _____ FIRST: _____ M.I. _____ School: _____

Date of Birth: ____/____/____ Sex: Male Female Social Security Number: _____

Last Dental Visit: ____/____/____ Reason For Visit: _____ Last X-rays Taken: ____/____/____

Last Dentist's Name: _____ City: _____ Phone (____) _____ - _____

Reason for visit/chief dental complaint: _____

Responsible Party Information (Spouse, Mother, Father, Guardian)

Name: LAST: _____ FIRST: _____ M.I.: _____ Relationship: _____

Date of Birth: ____/____/____ Sex: Male Female Social Security Number: _____

Address Street: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Home Phone No.: (____) _____ Message Phone No.: (____) _____ Cell: (____) _____

Mom's Work No.: (____) _____ Dad's Work No.: (____) _____ E-mail: _____

Emergency contact other than family member: Name _____ Phone: (____) _____

Who may we thank for referring you to our office: Yellow Pages Flier Penny Saver Passing By Mailer

Shopping Center Stand Patient: _____ Doctor: _____ Other: _____

Please List All Members Of Your Immediate Family

Family Member's Full Name	Now A Patient In This Office?	Date of Birth	Relationship to Patient
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Primary Dental Insurance Information

Insured's Name: _____

Insured's Date of Birth: ____/____/____

Insured's Social Security Number: _____

Insured's Employer: _____

Insured's Employer Phone No.: (____) _____

Insurance Company Name: _____

Insurance Company Phone No.: (____) _____

Insurance Group No.: _____ Local: _____

Secondary Dental Insurance Information

Insured's Name: _____

Insured's Date of Birth: ____/____/____

Insured's Social Security Number: _____

Insured's Employer: _____

Insured's Employer Phone No.: (____) _____

Insurance Company Name: _____

Insurance Company Phone No.: (____) _____

Insurance Group No.: _____ Local: _____

Our office is collecting Ethnic and Racial information in order to develop systems and staff to provide the best quality of care to all of our patients. To do this we ask that you make the most appropriate selection regarding the race and ethnicity from the choices listed below. This information is completely voluntary and confidential.

Ethnicity: Hispanic Non-Hispanic

Race: White Black Native American/Eskimo/Aleut Asian/Pacific Islander Other: _____ Unknown

The foregoing information and the dental/medical histories are true and correct. I hereby authorize the Dental Office to release my dental/medical information and all information about my dental treatment to third party payors and other health professionals. I hereby assign, transfer and direct payment directly to the Dental Office of my insurance benefits/coverage, if any, for all treatment performed; however, I accept responsibility and will pay all charges not paid by insurance for any reason.

I hereby acknowledge the need for, and I authorize, the Dental Office to administer such medications, including the use of local anesthetic, and to perform such diagnostic, photographic, preventative and therapeutic procedures, as the dentist considers necessary for proper care—including x-rays, prophylaxis (teeth cleaning) and sealants.

Signature: _____ Driver's Lic #: _____ State: _____ Date: ____/____/____
(If Minor, Parent or Guardian)

HEALTH HISTORY

PATIENT NAME: _____

ACCOUNT #: _____

To be completed with patient's information only. Please answer every question and circle Y or N where applicable.

Are you in good health? **Y N** Date of last physical examination: _____/_____/_____

Are you under the care of a physician? **Y N** Have you ever been hospitalized? **Y N**
 If so, what is the condition being treated? _____
 If so, why? _____

Physician name: _____ Phone No: _____
 Address: _____ City: _____ Zip: _____

Are you taking any medication? **Y N**
 If so, what? _____ Dosage: _____

Have you ever had a serious illness or operation? **Y N** Are you using any recreational drugs (marijuana, cocaine, etc.)? **Y N**
 If so, what illness or operation? _____
 If so, what? _____ Frequency: _____

Have you ever been premedicated with antibiotics for your dental treatment? **Y N**

Do you have any allergies? If yes, to what? **Y N**
 Latex Penicillin Tetracycline Sulfa Drugs Aspirin Codeine Other: _____

Do you have, or have you ever had any of the following (Please circle Y or N, answer all conditions):

Anemia	Y N	Bruise Easily	Y N	Tuberculosis (T.B.)	Y N	G.E. Reflux, persistent heartburn	Y N
Herpes	Y N	Head Injuries	Y N	Rheumatic Fever	Y N	Epilepsy or Seizures	Y N
Stroke	Y N	Heart Problems	Y N	Blood Transfusion	Y N	Psychiatric Treatment	Y N
Ulcers	Y N	Scarlet Fever	Y N	Joint Replacement	Y N	Hepatitis or Jaundice	Y N
Diabetes	Y N	Sinus Trouble	Y N	Nervous Disorders	Y N	Difficulty in Swallowing	Y N
Glaucoma	Y N	Heart Murmur	Y N	Tumors or Growths	Y N	Heart Ailments or Attack	Y N
Arthritis	Y N	Liver Disease	Y N	Allergies or Hives	Y N	Congenital Heart Lesions	Y N
Hay Fever	Y N	Blood Disease	Y N	Pain in Jaw Joints	Y N	X-ray or Cobalt Treatment	Y N
Tonsils	Y N	Drug Addiction	Y N	Artificial Prosthesis	Y N	Fainting Spells or Seizures	Y N
Asthma	Y N	Kidney Disease	Y N	Sickle Cell Disease	Y N	Chemotherapy (Cancer, Leukemia)	Y N
Hemophilia	Y N	Stomach Ulcers	Y N	Cortisone Medicine	Y N	Radiation Treatment of any kind	Y N
Cold Sores	Y N	Angina Pectoris	Y N	Allergies to Metals	Y N	Venereal Disease (Syphilis, Gonorrhea)	Y N
Emphysema	Y N	Mental Disorder	Y N	Excessive Bleeding	Y N	Acquired Immune Deficiency Syndrome (AIDS)	Y N
Rheumatism	Y N	Cerebral Palsy	Y N	High Blood Pressure	Y N	TMJ (Temporomandibular Joint) Disorder	Y N
Sleep Disorder	Y N	Thyroid Disease	Y N	HIV Related Complex	Y N	Autoimmune Disease (Lupus)	Y N
Do you snore	Y N	Chicken Pox	Y N	Respiratory Disease	Y N	Other: _____	Y N

Do you wear a cardiac pacemaker? **Y N** Do you have a disease or condition not listed above? **Y N**

Have you had heart surgery? **Y N** If yes, what? _____

Do you smoke? **Y N** Since 2001, were you treated or presently scheduled to begin **Y N**
 If yes, how much? _____
 Treatment with intravenous bisphosphonates (Aredia or Zometa) for
 Do you have Osteoporosis? **Y N** pain, hypercalcemia, or skeletal complications resulting from Paget's
 If yes, what medication are you taking: _____
 disease multiple myeloma or metastatic cancer? Date treatment
 began: _____

Have you ever had local anesthetic (Novocaine, etc)? **Y N** Have you ever had excessive bleeding after your dental work? **Y N**

Have you ever had a reaction from local anesthetic? **Y N** Have you ever had any trouble associated with dental work? **Y N**
 If yes, explain _____
 How long since your last dental treatment?
 _____ Weeks _____ Months _____ Years

Women:

Are you pregnant? **Y N** Do you have problems associated with your menstrual cycle? **Y N**
 If yes, how many weeks? _____
 Do you take birth control pills? **Y N**

Comments: _____

I have filled out this questionnaire completely. I have advised you of all medical problems of which I am aware and I authorize and give full consent to perform dental services agreed between doctor and patient to be necessary or advisable, including examination, radiographs, local anesthetics and other medications as indicated. I am responsible for payment on all work performed regardless of my insurance coverage and hereby assign payment of my insurance benefits to the provider of services.

Patient Signature: _____ Date: _____

 If Minor, Parent or Legal Guardian

Doctor Signature: _____ Date: _____

UPDATE TO HEALTH HISTORY

<p>Since your last visit:</p> <p>Have you seen a medical doctor? Y N</p> <p>Have you had a change in your medication? Y N</p> <p>Have you had a change in your medical condition or surgery? Y N</p> <p>Explain: _____</p> <p>Patient Signature: _____ Date: _____</p> <p>Doctor Signature: _____ Date: _____</p>	<p>Since your last visit:</p> <p>Have you seen a medical doctor? Y N</p> <p>Have you had a change in your medication? Y N</p> <p>Have you had a change in your medical condition or surgery? Y N</p> <p>Explain: _____</p> <p>Patient Signature: _____ Date: _____</p> <p>Doctor Signature: _____ Date: _____</p>
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Children's Dental Group

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you may get access to this information. Please read it carefully.

Your information may be used to provide treatment, secure payment, or to conduct health care operations.

We will use your health information to provide you with the best possible dental care. This may include clinical office procedures as well as administrative procedures designed to aid scheduling and coordination of care between and among providers and business office staff. We may share your information with referring dentists, physicians, laboratories, pharmacies or other health care personnel.

Your health care information may be included with an invoice used to collect payment for services provided in our office. This includes insurance claims filed on your behalf, whether by paper or in electronic form.

It is possible that your information will be disclosed during audits by insurance companies or government agencies as part of quality assurance reviews. Occasionally, this office also uses patient information in training situations that may include students, interns, associates and clinical employees. Finally, your health information may be reviewed during certification, licensing or credentialing activities.

Your information may be disclosed under the following circumstances.

As permitted or required by State or Federal law, we may disclose your health care information to law enforcement officials if you are a victim of a crime or in order to report a crime.

We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure according to our professional or ethical judgment, when we believe we are required or authorized by law or with the patient's agreement.

We may be required to disclose health information to Federal officials or military authorities on matters of national security or public health. Such information can be useful when officials are seeking to control or prevent an epidemic or understand the effects of drug treatment or medical devices.

In case of emergency, you may not be able to tell us what you want. If disclosure is necessary, we will use our best judgment when sharing your health information with those who are participating in providing your care.

Other than what is stated above or where required by Federal, State or Local law, we will not disclose your health information other than with your prior written authorization.

You have the following rights related to your health information.

You have the right to request restrictions on certain uses and disclosures of your health information. We will honor any reasonable restriction preferences.

You have the right to request that we communicate with you in a certain way. For example, you may request that we communicate with you privately with no other family members present or through mailed communications that are sealed.

You have the right to read, review, and copy your health information including your complete chart, x-rays, and billing records. There may be a reasonable fee for the duplication and assembly of your copy.

You have the right to ask us to update or modify your records if you believe that your records are inaccurate or incomplete.

You have the right to ask us for a complete description of how, where and when your health information was used for reasons other than treatment, payment, or health care operations. We will begin documenting any other uses and disclosures as of April 14, 2003. Please let us know in writing the time period for which you are interested.

You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information. Please ask to speak with our privacy officer who will help you express your concerns in writing.

CHILDREN'S DENTAL GROUP™

**ACKNOWLEDGEMENT OF RECEIPT AND
CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION
AND
PATIENT ACKNOWLEDGEMENT OF RECEIPT OF DENTAL MATERIALS FACT SHEET**

You May Refuse to Sign This Acknowledgement

TO THE PATIENT --- PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Purpose of Consent: By signing this form, you acknowledge the receipt of this dental office's Privacy Practices and you consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the Office Manager of the location. Please understand that revocation of this consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

Dental Materials Fact Sheet: This is information provided by the Dental Board of California to advise patients of the types of materials used in the dental office. By signing this form you acknowledge receipt of the fact sheet.

I, _____, have received a copy of this office's Notice of Privacy Practices and authorize their used and or disclosure of my protected health information for treatment, payment and healthcare operations.

In addition, I have received a copy of the Dental Materials Fact Sheet dated May 2004.

Patient/Parent/Guardian Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices and/or Dental materials Fact Sheet, but acknowledgement could not be obtained because:

- Individual refused to sign acknowledgement for HIPAA/DMFS (circle one)
 - Communications barrier prohibited obtaining the acknowledgement/consent
 - An emergency situation prevented us from obtaining acknowledgement/consent
 - Other (Please Specify)
-
-

THE FACTS ABOUT FILLINGS

Dental Materials Fact Sheet

What About the Safety of Fillings 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 Professional Code 1648.10-1648.20

Allergic Reaction 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 material such as mercury, nickel, chromium, and/or beryllium alloys. Usually, an allergy will reveal itself as a skin rash and is easily reversed when the individual is not in contact with the material. There are no documented cases of allergic reactions to composite resin, glass ionomer, resin ionomer, or porcelain. However, there have been rare allergic responses reported with dental amalgam, porcelain fused to metal, gold alloys, and nickel or cobalt-chrome alloys. If you suffer from allergies, discuss these potential problems with your dentist before a filling material is chosen.

Toxicity of Dental Materials

Dental Amalgam

Mercury in its elemental form is on the State of California's Proposition 65 list of chemicals known to the state to cause reproductive toxicity. Mercury may harm the developing brain of a child or fetus. Dental amalgam is created by mixing elemental mercury (43-57%) and an alloy powder (46-57%) composed mainly of silver, tin, and copper. This has caused discussions 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 amalgams is compromised. The Food and Drug Administration (FDA) and other public health organizations have investigated the safety of amalgam used in dental fillings. The conclusions: 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 amalgam. Questions have been raised about its safety in pregnant women, children, and diabetics. However scientific evidence and research literature in peer-reviewed 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 amalgam.

Composite Resin

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

It is always a good idea to discuss any dental treatment thoroughly with your dentist.

Dental Amalgam Fillings - Dental amalgam is a self-hardening mixture of silver-tin-copper alloy powder and liquid mercury and is sometimes referred to as silver fillings because of its color. It is often used as a filling material and replacement for broken teeth

Advantages

- ◆ Durable; long lasting
- ◆ Wears well; holds up well to the forces of biting
- ◆ Relatively inexpensive
- ◆ Generally completed in one visit
- ◆ Self-sealing; minimal-to-no shrinkage and resists leakage
- ◆ Resistance to further decay is high, but can be difficult to find in early stages
- ◆ Frequency of repair and replacement is low

Disadvantages

- Refer to "What About the Safety of Filling Materials"
- Gray colored, not tooth colored
- May darken as it corrodes; may stain teeth over time.
- Requires removal of some healthy teeth
- 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.

Composite Resin Fillings - Composite fillings are a mixture of powdered glass and plastic resin, sometimes referred to as white, plastic, or tooth-colored fillings. It is used for fillings, inlays, veneers, partial and complete crowns, or to repair portions of broken teeth.

Advantages

- ◆ Strong and durable
- ◆ Tooth colored
- ◆ Single visit for fillings
- ◆ Resists breaking
- ◆ Maximum amount of tooth preserved
- ◆ Small risk of leakage if bonded only to enamel
- ◆ Does not corrode
- ◆ Generally holds up well to the forces of biting depending on product used
- ◆ Resistance to further decay is moderate and easy to find
- ◆ Frequency of repair or replacement is low to moderate

Disadvantages

- Refer to "What About the Safety of Filling Materials"
- Moderate occurrence of tooth sensitivity; sensitive to dentist's method of application
- Costs more than dental amalgam
- Material shrinks when hardened and could lead to further decay and/or temperature sensitivity
- Requires more than one visit for inlays, veneers, and crowns
- May wear faster than dental enamel
- May leak over time when bonded beneath the layer of enamel

Glass Ionomer Cement - Glass ionomer cement is a self hardening mixture of glass and organic acid. It is tooth-colored and varies in translucency. Glass ionomer is usually used for small fillings, cementing metal, and porcelain / metal crowns, liners, and temporary restorations.

Advantages

- ◆ Reasonably good esthetics
- ◆ May provide some help against decay because it releases fluoride
- ◆ Minimum 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 | Disadvantages |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ◆ 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 ◆ Maybe 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 | <ul style="list-style-type: none"> ➤ Cost is very similar to composite resin (which cost more than amalgam) ➤ Limited use because it is not recommended for biting surfaces in permanent teeth ➤ Wears faster than composite and amalgam |

Porcelain (Ceramic) - Porcelain is a glass-like material formed into fillings or crowns using models of the prepared teeth. The material is tooth colored and is used for inlays, veneers, crowns and fixed bridges.

- | Advantages | Disadvantages |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ◆ 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 ◆ Good resistance to further decay if 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 | <ul style="list-style-type: none"> ➤ 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, fixed bridges and partial denture frameworks.

- | Advantages | Disadvantages |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ◆ 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 | <ul style="list-style-type: none"> ➤ Is not tooth colored; alloy is a dark silver color ➤ Conducts heat and cold; may irritate sensitive teeth ➤ Can be abrasive to opposing teeth ➤ High cost; requires at least two office visits and laboratory services ➤ Slightly higher wear to opposing teeth |

Porcelain Fused to Metal – This type of porcelain is a glass-like material that is “enameled” on top of metal shells. It is tooth-colored and is used for crowns and fixed bridges.

- | Advantages | Disadvantages |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ◆ 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 | <ul style="list-style-type: none"> ➤ More tooth needs to be removed (than for porcelain) for the metal substructure ➤ Higher cost because it requires at least two office visits |

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 | Disadvantages |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ◆ 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 | <ul style="list-style-type: none"> ➤ 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 durability of any dental restoration is influenced by not only 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, diet and chewing habits.