

Dr. Donna Williams

Morningside Dental Care
527 Manhattan Avenue
New York, NY 10027
(212) 864-77224

Protecting your Composite Bonding

Note:

•Composite Bonding can restore the function and appearance of your teeth. Composites may last from three to eight years and in certain cases, even longer.

•The best way to extend the life of your composite bonding is through daily brushing and flossing and regular professional care.

•Should you have questions regarding the care of your composite bonding, contact our office. Please keep your scheduled appointments.

•Regular oral health checkups as recommended by your dentist will detect minor problems before they develop into major concerns.

Patient Name

Caring for Bonded teeth:

The life of your composite bonding is directly related to the amount of care received.

- 1) To remove plaque, brush twice daily using a soft bristled toothbrush for a minimum of three minutes each brushing.
- 2) Floss daily. This removes plaque from areas along the gum line where a toothbrush can't reach. Remove floss horizontally rather than vertically to avoid dislodging composite.
- 3) Schedule a regular professional cleaning of your teeth. Composite bonding requires a professional cleaning three to four times a year to remove food stains and maintain the best possible appearance.
- 4) Composite bonding may chip or stain more easily than natural teeth. Avoid chewing ice, hard candy and very sticky foods. Coffee, tea, colas and tobacco products are major causes of staining.
- 5) See your dentist regularly for a complete oral health examination.

Recommendations:

- 1) Recommended toothbrush: _____
 - 2) Recommended toothpaste: _____
 - 3) Please make a follow-up appointment within _____
- Special Instructions:

CONTACT OUR OFFICE IF YOU SUSPECT THAT A BONDED AREA HAS LOOSENED!

I acknowledge that I have received and understand the above instructions on procedures following composite bonding. I have also been informed of the necessity for periodic dental examinations and x-rays to monitor my dental health.

X _____
Patient's Signature *Date*