



Background

Reporting using this form is part of the work to establish a register on adverse effects of dental materials including consumables (e.g. latex gloves).

The form is filled in according to the professional judgement of the dentist, physician or dental hygienist concerned. The form covers a spectrum from definite adverse reactions to non-specific subjective reactions associated with dental materials. Even if there are doubts regarding the grade and type of reactions or regarding the relationship material/reaction it is of great importance that the form is filled in and sent on. One form for each pertinent patient/person shall be used.

It is also important that possible adverse reactions to materials that occur in dental personnel during the course of their work are reported in the relevant sections.

The report concerns: Patient Personnel

Date for filling in of form:

The reaction occurred (year):

Name and address of the reporter:

Name:.....

Address:.....

Zip code:..... City/Place:.....

Phone No.: Fax.No.:.....

Reporter:

- Registered dentist:
 - Public Private Faculty

Specialist in:

- Registered dental hygienist
 - Public Private Faculty

- Registered physician :
 - Public Private Faculty

Specialist in:

Data regarding patient/personnel

The reporter's own identification of the patient (no name or personal code number):

.....

Gender: Female Male

Age: years

General diseases:

Present use of medicine, specify:

Verified allergy (metal, polymer, other); specify if possible:

Did the patient bring the adverse reaction to your attention?

- Yes No

How long after treatment did the reaction/ reactions occur?

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| immedi-
ately | within
24
hours | within
one
week | within
one
month | within
months
to years | not
known |

Reaction of patient/personnel

**The reporter's observations:
(concerning patient as well as
personnel)**

- None

Reaction; intraoral

Reaction; surrounding tissue
including temporomandibular
joint/masticatory muscles:

Other reactions (apart from oral
cavity or face):

**Information concerning patient/
personnel**

- None

Intraoral symptoms:

- Burning sensation
- Pain, tenderness
- Taste changes
- Stiffness, numbness
- Dry mouth
- Increased salivation

Additional information:

Symptoms from lips, jaws, face:

- Smarting, burning sensation
- Pain, tenderness
- Stiffness, numbness
- Skin problems
- TM joint dysfunction

Additional information:

General symptoms (related to):

- Muscles, joints
- Stomach, intestines
- Heart, cardiovascular system
- Skin
- Eyes
- Ear, nose, throat

Additional information:

Other Symptoms:

- Fatigue
- Dizziness
- Headache
- Memory disturbances
- Difficult to concentrate
- Anguished, restless, depressed

Additional information:

The reaction/reactions occurred in connection with (type of treatment)

- Fillings (direct technique)
 - Inlays, veneers
 - Fixed partial dentures (crowns, bridges)
 - Removable dentures (full dentures, partial dentures)
 - Facultative removable dentures
 - Treatment of problems involving temporomandibular joints/masticatory muscles
 - Endodontic treatment
 - Temporary restorations
 - Periodontal treatment
 - Oral surgery
 - Orthodontics
 - Preventive dentistry
 - Consumer goods (e.g. gloves)
 - Other typer of treatment
- Other:

Type of material suspected to cause the reaction/reactions

- Amalgam
- Composite
- Compomer
- Glass ionomer cement (chem. cured, light cured)
- Bonding material ("primer/bonding")
- Cavity liner/base material
- Fissure sealant material
- Protective film (e.g. varnish)
- Pulp capping material
- Endodontic material
- Luting material (water-based, polymer based)
- Material for metal-ceramic (alloy/metal, ceramic)
- Materials for crowns, bridges, inlays (not metal-ceramics) (alloy/metal, polymer/polymer-based, ceramic)
- Material for removable prosthesis (alloy/metal, polymer/polymer-based)
- Material for orthodontic devices, intra-oral (alloy/metal, polymer/polymer-based)
- Material for orthodontic devices, extra-oral
- Material for treatment concerning temporomandibular joints/masticatory muscles
- Material for dental implants
- Impression material
- Temporary material for fixed prosthesis
- Temporary material for removable prosthesis
- Temporary material (other)
- Consumer goods (e.g. rubber dam, gloves)
- Other material

Type of material suspected to cause the reaction/reactions (continued)**Material: product and manufacturer****Assessment of relationship**

How does the reporter assess the relationship between the material/treatment and the reaction?

- Probable
- Possible
- Uncertain
- Unclassified

Any comment:

Patient's (or concerned person's) assessment of the relationship between the material/treatment and the reaction (if relevant):

- Probable
- Possible
- Uncertain
- Unclassified

Any comment:

Referrals

Has the patient (or the person concerned) been referred for further investigation of the reaction presently in question?

- No
- Yes
- Yes, to general practitioner
- Yes, to dentist
- Yes, to medical specialist or hospital
- Yes, to dental specialist

Additional information:

Has the patient (or the person concerned) been examined/treated for the reaction by somebody else?

- No
- Yes
- Yes, by a general practitioner
- Yes, by a dentist
- Yes, by a medical specialist or at a hospital
- Yes, by a dental specialist

If a dermatological examination has been carried out, please enclose a copy of the physicians statement.

Additional information:

Dental personnel

If the information given in the form concerns dental personnel in professional activity the form is filled in where applicable:

- Dentist
- Dental hygienist
- Dental nurse
- Dental technician
- Other

Deals with the Swedish legislation of reporting of incidents related to occupational safety and health

Additional forms required.

Number:.....

The form is sent to:

Department of Odontology
Dental Materials Science
Faculty of Medicine and Odontology
Umeå University
SE-901 87 Umeå
Sweden

Telephone: +4690-77 58 81
Telefax: +4690-77 51 23