



# Cambridge Dental Hub



Love Your Smile 1 Brooke House, Kingsley Walk, Newmarket Road, Cambridge, CB5 8TJ Love Your Smile

01223363277

[reception@cambridgedentalcare.co.uk](mailto:reception@cambridgedentalcare.co.uk)

[www.cambridgedentalhub.co.uk](http://www.cambridgedentalhub.co.uk)

Dr David Gilmartin, Dental Surgeon  
Dr I-Chun (Mago) Peng, Dental Surgeon  
Dr Jonathan Dixon, Dental Surgeon  
Dr Etienne Deyssel, Sedationist

Dr Gulelala Azhar, Dental Surgeon  
Dr Konstantinos Tzamalass, Specialist Orthodontist  
Dr Alvaro De Castro Torres, Dental Surgeon  
Mrs. Nur Gilmartin, Dental Hygienist

Dr Jaime De Castro Torres, Dental Surgeon  
Dr Casey Prawairadiraja, Dental Surgeon  
Dr Monica Cueva Moya, Dental Surgeon  
Miss Sam Singleton, Practice Manager

## Frenectomy Informed Consent Form

Patient's Name

Date of Birth

**The procedure involves** a reduction of a frenum which should restore anatomy, function, and/or possibly prevent commonly associated future problems.

**Recommended Treatment:** A soft tissue laser will be utilized. This very laser is approved for this soft tissue surgery and is an excellent tool to optimize treatment and recovery.

**Principle Complications:** I understand that a smooth recovery is expected, however, there are always associated risks that cannot be eliminated and may occur in a minority of cases. These complications include but are not limited to post-surgical bleeding, infection, swelling, pain, damage to adjacent structures such as salivary glands, nerve, muscle, and skin. A more common complication is re-attachment of the frenum. Genetics also plays a strong role in healing, such as formation of scar, keloid, or overt fibrous tissue formation.

**Follow Up:** We advise a review appointment after 1 week, and a 3 week review appointment to follow up on the proposed care.

**Alternatives to Suggested Treatment:** I understand that alternatives to a Frenectomy include: no Frenectomy, with the expectation that the frenum does not normally improve with age but may aggravate the surrounding tissues including the gums and teeth. Also, an alternative to a Frenectomy the patient may seek the care of another health care professional

The use of the laser itself can be deferred to more traditional instruments of care.

### No Warranty or Guarantee:

I certify that the dentist who examined me that the success of all treatment is determined in a big way by following post treatment instructions, especially those that relate to anaesthetics and prescription medications and that these are always given to patients after treatment, both verbally and in writing, and it is essential that patients read and keep them. Please make sure you have them and do not be afraid to ask for them!!!

I certify that the dentist who examined me has fully explained to me, verbally and with leaflets, the purpose of the procedure(s) and has also informed me of the expected benefits and complications (from known and unknown causes), attendant discomforts and risks that may arise, as well as possible alternatives to the purposed treatment, **including no treatment as well as the option of combining orthodontic treatment with the Frenectomy.**

I certify that the dentist who examined me has discussed my treatment plan verbally as well as giving me leaflets, consent forms and other printed literature related to the treatment that is proposed as well as the alternative options.

I certify that I have been given an opportunity to ask questions and all my questions have been answered fully and satisfactorily.

I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the procedure(s) which the dentist may consider necessary.

I also understand the financial obligation attached to this procedure and agree to comply as listed below.

Total amount due £.....

I understand that I am responsible for all fees. I also understand that as treatment progresses the above fees may have to be adjusted, but that I will be informed of these adjustments and how this will affect my payment plan.

**I realize that signing does not mean that I am under an obligation to have any treatment and that I may decide not to proceed with all or any part of the treatment. Similarly signing this means that I pay for the treatment that I actually have done. I hereby consent to the proposed dental treatment and acknowledge that it is being provided as a private patient.**

Signature of patient or parent/guardian

Date

.....

.....