



The Hub Dental Practice



Love Your Smile

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Consent Form for Patients With Complex Medical History

We have read your medical history and we need to point out that there is an increased risk of complications during/after treatment as a result of the medical conditions and/or medications you are taking.

Obviously we need you to be aware of these increased risks.

Part of having treatment is the fact that the patient must give INFORMED CONSENT and therefore must understand all the risks and complications of the treatment options.

PATIENT CONSENT: by my signature below, I expressly acknowledge that:

I have given a FULL account of all my medical history, including medical conditions, treatments and medications and specifically have not excluded any information that would be important for the dentist to know.

The dentist has explained the options and risks of the proposed treatment and how my medical condition complicates that treatment.

I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes.

The dentist has explained other relevant treatment options and their associated risks. The dentist has explained my prognosis and the risks of waiting or not having the procedure

The dentist has explained the options for anaesthesia (local, sedation, general) and problems specific to each choice, and the likely outcomes if complications occur.

The dentist has explained the options for delaying my decision and problems specific to making that choice, and the likely outcomes if complications occur.

The dentist has explained the options for getting a referral for specialist dental care and problems specific to making that choice, and the likely outcomes if complications occur.

The dentist has explained the options for getting a second opinion and problems specific to making that choice, and the likely outcomes if complications occur.

I was able to ask questions and raise concerns with the dentist about my condition, the procedure and its risks, and my treatment options.

My questions and concerns have been discussed and answered to my complete satisfaction.

I understand that other dental procedures may be done if further dental disease is found during the procedure.

I understand that no guarantee has been made that the procedure will improve the condition, and may even make my condition worse.

On the basis of the above statements,

I REQUEST TO HAVE THE PROCEDURE LISTED HEREIN (Temporary Dressing)

I realise that signing this does not oblige me to have all or any part of the treatment proposed, but is simply an acknowledgement of the fact that I am giving my informed consent if I decide to go ahead.

Name of Patient : _____ Signature : _____ Date : ____/____/____