



# The Hub Dental Practice



Love Your Smile

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## Consent Form for Dental Hygienist Visits

### Gum Disease and Dental Hygiene visits

It is really important to understand the importance of Good Dental Hygiene.

For most patients 99% of good oral hygiene is down to a good daily routine of brushing and flossing.

However in many cases the patient requires treatment from the dental hygienist to create the healthy gums. After that, maintenance is down to the efforts of the patient!!

Regular and frequent hygienist and dental appointments are important too!!

Failure to maintain good oral hygiene will almost certainly mean that gum disease and/or periodontal disease may develop or re-establish.

Sometimes cleaning with the dental hygienist may be uncomfortable. ALWAYS let us know if you have any preferences, and we will do our best to accommodate you.

We can offer a range of ways to make your visit comfortable and pain free.

### Your Acknowledgement

1. Sometimes the Dental Hygienist may find additional treatment that is required, such as decay, and they will always let you know and advise about how to correct the problem.
2. Sometimes a patient may have a loose filling or crown which may be loosened as a result of the cleaning. In this case the hygienist will advise the patient and arrange for corrective treatment. In these cases an extra charge will be payable if the filling needs to be replaced.
3. Sometimes a tooth may become sensitive after cleaning has been carried out. This is mainly due to the opening up of the dentinal tubules. (Please have a read of our Abrasion Cavity Leaflet).
4. Similarly, cleaning of surfaces may reveal defects in the tooth structure and this may be associated with subsequent sensitivity and/or the need for further treatment. In these cases subsequent treatment may be required and if so will require additional charges.
5. If you wish to stop and/or change the treatment you will let us know immediately.
6. Patients may suffer pain, roughness, sensitivity, bruising and/or swelling after, even, a simple cleaning visit.
7. That you have read and understood the contents of this consent form.

(CF Dental Hygienist Appt)

Name of Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_