



The Hub Dental Practice



Love Your Smile

775 Witan Gate, Central Milton Keynes MK9 2FW

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01908 690326

reception@TheHubDentalPractice.com

www.TheHubDentalPractice.com

Dr David Gilmartin,
Dr Kamilah Makda
Dr Chivani Tailor,
Dr Ivo Zdravkov,
Dr Allen Betsis,

Dr Aaron Lopez, Specialist Periodontist
Dr Monica Cueva Moya, SI Periodontics
Dr Gulelala Azhar, SI Restorative,
Dr Giovanni Marras, PLT Periodontics
Miss Sam Singleton, Practice Manager

Dr Alvaro De Castro Torres, SI Dental Implants & RCT
Dr Konstantinos Tzamalal, Specialist Orthodontist
Dr Iyad Abou-Rabii, PLT Dental Implants & Oral Surgery
Dr Ezgi Cilingir, PLT Dental Implants & Periodontics
Dr Jonathan Harper, PLT Endodontics

Dr Etienne Deysel, Sedationist

Mrs. Nur Gilmartin, Dental Hygienist

Dr Jaime De Castro Torres, SI Dental Implants

Consent Form for Dental Hygienist Visits with Local Anaesthetic (Needle)

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 will require additional charges.
5. If you wish to stop and/or change the treatment you will let us know immediately.
6. The dentist has explained the options for anaesthesia (local, sedation, general) and problems/risks/complications specific to each choice, and the likely outcomes if complications occur.
7. **As a result of the fact that your disease is so advanced and/or the fact that you are having local Anaesthetic (Needle) Patients may suffer post operative pain, roughness, sensitivity, bruising and/or swelling after, even, a simple cleaning visit. These complications are not unusual; the risks are small but can be significant.**

Signing this consent form is an acknowledgement of the fact that you are aware of the choices, risks and complications.

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.

(CF Hygienist Appt with LA)

Name _____

Date of Birth ____//____//____

Signature _____

Date ____//____//____