



Love Your Smile

The Hub Dental Practice

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Consent Form for Ongoing Dental Hygienist Appointments

We strongly recommend that all our patients have a check-up at least once a year and see the hygienist every 3 months. Sometimes we may suggest 4 monthly or even 6 monthly but these are few and only apply to patients with scrupulous Oral Hygiene and no record of gum disease etc.

Some of our patients decide that they want to have less frequent hygienist appointments and we are happy to see these patients, but we make them aware of the dangers of not following the dentists/Hygienists advice.

Suggested Interval for examinations: 12 monthly Suggested Interval for Hygienist Appointments: 3 Monthly

We can't emphasize too much the importance of maintaining plaque control and not smoking!!

Cleaning in between your teeth with floss and interdental brushes is essential, and in addition we do suggest other aids such as anti-Plaque mouth washes and an electric toothbrush.

I understand that the treatment plan presented to me is, in the opinion of the dentist, the wisest course of treatment. It is based on the clinical findings from your examination.

I further understand that I have the right to either refuse or pursue treatment.

After each treatment is completed it is essential that the patient maintains the result and regular/frequent visits with the Hygienist are normally essential as are periodic examinations with the dentist.

I certify that the dentist has fully explained to me the purpose of the appointment intervals for examination and Hygienist visits 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.

The attendant risks of failure to follow our advice regarding examination and Hygienist visit intervals have also been discussed.

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 dental care provided at the practice

Cost of Appointments:

A Yearly examination with the dentist is £25.00.

Cost of a regular ____ monthly Hygienist Appointment is _____

Cost of a regular ____ monthly Hygienist Appointment is _____

However this is subject to the clinical findings at the appointment. If the cost changes then this will be discussed with you prior to proceeding and will only apply if it is agreed by you in advance.

Things that may cause an increase in the charge may be presence of larger than expected deposits, longer interval than planned or other reasons, but we will always discuss it with you prior to commencing with the treatment

This consent form and agreement will remain in place until terminated by either the patient or the practice. Notice to terminate is not required.

I confirm that I have read and fully understand this form prior to my signing.

I realise 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 only pay for the treatment that I actually have done.

Similarly signing this means that I may decide not to make any further appointments now or in the future

I hereby consent to the proposed dental care and I acknowledge that it is being provided as a Private Patient.

Name _____

Date of Birth ____//____//____

Signature _____

Date ____//____//____