



The Hub Dental Practice



Consent form for Fibre Reinforced Periodontal Tooth Splint

Terms and conditions:

- All repairs to the splint/bridge, necessary will be done free of charge during the first 12 months
- A regular visit (every 6 months) to the dentist for evaluation of the Splint/bridge is essential.
- Patients must complete all their dental treatment and have three monthly visits to the Oral Hygienist,
- Daily oral hygiene maintenance of the splint/bridge, as demonstrated to the patients, can not be emphasized enough

Patients please be aware of the following:

During the first 48 hours after the Fibre reinforced composite treatment, you will experience

- A feeling of tightness because the teeth are bonded together.
- The saliva glands might produce more saliva because of the new foreign object on the teeth.
- The speech might be very slightly affected.
- Any rough or sharp edges or points must be reported to the dentist during the follow up appointment or before that.
- Smoking, Tea, Coffee, Red wine and some other foods and drinks may cause discoloration of the white filling material. This can easily be corrected if it does occur.

The dentist that examined me has fully explained to me 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.

The attendant risks of no treatment have also been discussed.

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, 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 have been given an opportunity to ask questions and all my questions have been answered fully and satisfactorily.

I have been give the opportunity to delay my decision/treatment and/or seek a second opinion

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

I acknowledge that no guarantees or assurances have been made to me about how long the retainer/splint will last and that if it breaks or is damaged or otherwise does not fit there will be a charge made for a replacement.

I also understand the financial obligation attached to this procedure carried out today 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 will affect my payment plan.

I confirm that I have read and fully understand the above and that all blank spaces have been completed prior to my signing.

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

I hereby consent to the proposed dental treatment acknowledge that it is being provided as a **Private Patient**. I hereby give my consent to do the Fibre Reinforced treatment as discussed. All relevant treatment options were discussed with me.

(Consent form for Fibre Reinforced Periodontal Tooth Splint)

Patients Name _____ Patients Date of Birth _____

Signature _____ Date _____