



The Hub Dental Practice



Love Your Smile

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Informed consent for Fissure Sealants

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

I understand that the treatment of teeth through the use of sealants is a preventative measure intended to facilitate the inhibition of dental caries (tooth decay or cavities) in the pits and fissures of the chewing surfaces of the teeth.

Sealants are placed with the intention of preventing or delaying conventional restorative measures used in restoring teeth with fillings or crowns after the onset of dental caries.

I agree to assume any risks that may be associated with the placement of sealants even though care and diligence will be exercised by the Dentist/Hygienist while rendering this treatment. In addition to possible unsuccessful results and failure of the sealant, the risks of the procedure include but are not limited to the following:

Preparation of the teeth

The teeth are prepared through use of an enamel etching technique. This etching is accomplished in one of two ways:

a) Through the use of a special acid solution that etches the surface enamel in the area in which the sealant is to be placed to aid in its retention.

The etching solution is somewhat caustic, and if the patient makes any unexpected movement during the application process, there is the possibility that a small amount of the solution will attach to the soft tissues of the mouth, which could cause some slight tissue burns.

This seldom occurs, but it is a possibility. If the etching solution contacts the root surface, the tooth may develop some temporary sensitivity.

b) Through the use of a technique called "air abrasion." Air abrasion also slightly etches the surface of the enamel in the area in which sealant is to be placed to aid in the retention of the sealant. Air abrasion involves the generation of a powdery dust, which, if inhaled, could cause some discomfort.

Loosening and/or dislodging of the sealant

There is the possibility of the sealant loosening or becoming dislodged over time. The length of time over which this may happen is indeterminable because of the many variables that can impact the life of the sealant including but not limited to the following:

a) The forces of mastication (chewing). These forces differ from patient to patient. The forces may be much greater in one patient than in another. Also, the way teeth occlude (come together in chewing) may have an effect on the life of the sealants.

b) The types of food or other substances that are put in the mouth and chewed. Very sticky food, including some types of gum, sticky candies such as caramels, some liquorices, very hard substances, etc., can cause loosening or dislodgment of the sealant.

c) Inadequate oral hygiene such as infrequent or improper brushing of the teeth also may allow leakage around and under the sealant causing it to loosen and allow decay to develop.

3. Entire tooth is not protected with sealants

Sealants are applied primarily to the pits and fissures that are in the chewing surfaces of the teeth.

These pits and fissures are extremely susceptible to decay and can be protected through the application of sealants that flow into and seal those areas.

However, sealants do not protect the areas between the teeth, so thorough brushing and the use of dental floss in these areas is necessary. Otherwise, decay could develop in those areas uncovered by the sealants.

I understand that it is my responsibility to notify this office should any unexpected problems occur or if any problems relating to the ongoing treatment rendered are experienced.

Routine examinations by the dentist are recommended to allow ongoing assessment of the sealants placed.

I understand that I must still brush and floss and take care of my oral hygiene, just as if I did not have sealants.

Informed consent

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

The dentist has explained the likely outcomes and possible complications of each alternative option.

The dentist has made leaflets and other relevant information available to me to help with my decision making.

The dentist has given me an opportunity to ask questions about any matters related to my treatment, raise any other concerns and given me the opportunity to postpone the treatment or seek a second opinion.

The dentist has explained any significant risks and problems associated with extractions specific to me, and the likely outcomes if complications occur.

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 to me that the procedure can be stopped at any time. The patient only needs to say stop, put up a hand, shout or make another signal etc. We say again, the patient can decide to stop the procedure at any time and for whatever reason they wish. We will always respect the patient's decision.

The dentist has explained the importance of following the post Treatment instructions and any additional instructions that are given verbally.

The dentist has explained the options for waiting before I make my decision.

You have given us an up to date account of your medical and dental history, especially about and recent changes.

You 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 not having the procedure.

You were able to ask questions and raise concerns with the dentist about my condition, the procedure and its risks, and my treatment options. And that your questions and concerns have been discussed and answered to your complete satisfaction.

You understand that other dental procedures may be done if further dental disease is found during the procedure, or to correct other problems in my mouth. And that you understand that if teeth are removed during the dental treatment, that these may be retained for training purposes and then disposed of sensitively.

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

On the basis of the above statements, **I REQUEST TO HAVE THE PROCEDURE LISTED HEREIN (Fissure Sealants)**

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.

(CF Fissure Sealants)

Name of Patient: _____

Date of Birth: _____

Signature: _____

Date: _____