



# Consent Form for Simple Debridement Only Visit By Dentist

It is really important to understand the importance of Good Oral Hygiene, and the role of home care as well as professional Treatments and Dental Examinations. Failure to have Good Oral Hygiene, as well as professional Treatments and Dental Examinations can result in gum disease/periodontal disease, Dental Decay and other dental diseases to remain active, destructive and progressive.

I acknowledge that the debridement today is simply to remove the Supra Gingival Debris prior to a future Full Dental Examination and is not a treatment for periodontal disease.

**I acknowledge that I have been advised to have a full dental examination prior to the debridement and that the consequences of not having a full dental examination which I have declined have been explained to me: that any dental disease will remain destructive, progressive and active.**

I acknowledge that I have been advised to have a full Oral Cancer Screen and that the consequences of not having a full Oral Cancer Screen which I have declined have been explained to me: that any disease will remain destructive, progressive and active.

I acknowledge that it has been explained to me the full extent of my gum disease (very serious) will only be apparent after a full Clinical and Radiographic examination.

I acknowledge that I have been advised that I need to have a full Periodontal examination including BPE and if indicated from the BPE full depth pocket charting, and that the consequences of not having the Periodontal Charting and periodontal treatment: that the disease will remain destructive, progressive and active.

I acknowledge that I have been advised to have x-rays (£9 for small ones and £35 for a large one) and that the consequences of not having the x-rays have been explained to me: that there may be even more dental problems which are not obvious and/or detectable without further x-rays.

I acknowledge that I have given a full account of my medical and dental history both verbally and in writing.

I acknowledge that I have been told that treatment will stop if the patients request the dentist to stop.

I acknowledge that I have been told that because I have declined a full examination and x-rays prior to treatment, then underlying problems such as decay, broken filling damaged or ill fitting crowns etc, may not be obvious. This can mean that when the cleaning is done loose fillings or crowns may come out completely. In this case, additional charges will apply for new restorations and/or recementation.

I acknowledge that I have been told that because 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 with require additional charges.

**I acknowledge that I have told that the Dentist may decline to provide any treatment if the patients dental condition requires an Urgent Examination by a dentist.**

**Charges for your appointment today**

**The charge for today is** \_\_\_\_\_

**Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_//\_\_\_\_//\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_//\_\_\_\_//\_\_\_\_