



PATIENT CONSENT FORM - COSMETIC DENTISTRY

*Please read the information set out in this Consent Form carefully and ensure that you understand and agree with the information provided to you. If you have any specific concerns, these should be discussed with your Dentist performing the treatment or procedure to which consent is being given **prior to signing this Consent Form***

Patient: _____

Date of birth: _____

1. I hereby request and authorise Dr (**"my Dentist"**) and whomever he or she may designate as his or her assistant (s), to provide the following treatment and/or perform the following procedure(s) for me:

(SEE ATTACHED COSMETIC DENTISTRY TREATMENT PLAN ("**the Treatment Plan**")

2. I have been provided with information by my Dentist of the Treatment Plan in order that I may be able to make an informed decision about the treatment that I am to undertake. I fully understand that my Dentist will use his /her best judgment and skill to accomplish the desired results. The following has been explained to me to my satisfaction, in a language that I understand: my diagnosis, the anticipated procedure(s), the attendant risks and complications, alternatives, including doing nothing at all, the post-operative course, and possible variables. I understand that I am able to take as much time as I need to come to a decision whether to sign this consent form and to undergo the proposed treatment /procedure, and I acknowledge that I have had the opportunity to ask questions about the treatment before consenting to accept and undergo the treatment set out in the Treatment Plan.

3. My Dentist has explained to me the treatment in the Treatment Plan including their risks. I have considered alternatives to the treatment in the Treatment Plan but I wish to proceed with the cosmetic treatment knowing the treatment is in part elective and not due to any breakdown of teeth or oral health.

4. I understand that the practice of cosmetic dentistry is not an exact science and I acknowledge that no guarantees have been made to me by my Dentist concerning the success of treatment in the Treatment Plan. I am aware that there is a risk that the treatment set out in the Treatment Plan will require ongoing maintenance, remaking of crowns, bridges and veneers and the longevity is directly related to what I eat and drink and my home care habits and regular biannual recare appointments.

5. I understand that some or all of the treatment in the Treatment Plan is elective and only done for my cosmetic intent. I also understand that there are dental conditions that if left untreated will or may result in me suffering harm including, but not limited to, limited oral function, gum or bone disease, loss of bone, inflammation, infection, sensitivity, looseness or loss of teeth, shifting of teeth, shifting of teeth with bite changes, temporomandibular joint (jaw) problems and an inability to have the same treated. I understand fully that in the event of such changes in the oral condition or medical condition additional and more extensive treatment may have to be considered.

6. I hereby request and authorise my Dentist to perform any additional procedures and changes in the Treatment Plan if, in the judgment of my Dentist, this will be reasonably necessary to improve my dental health, safety and the results contemplated by the dental treatment set out in the Treatment Plan.

7. I have been informed by my Dentist and I understand that, as with any dental procedure, there are possible complications that may develop or arise. These include, but are not limited to: a limited oral function, post operative pain, bleeding, infection, temporary bruising, allergic reactions, change in sensation or numbness to the lip, chin, face and/or tongue which may be of a temporary or permanent nature, periodontal infection and temporomandibular joint problems. I have also been advised that there is a risk that any crowns, veneers or bridges that may be inserted or put in place may break with improper care which could require additional procedures to be undertaken to correct at further cost to me.

8. If any unforeseen conditions arise in the course of my Dentist undertaking the treatment set out in the Treatment Plan which requires additional or different procedures from that now contemplated, I hereby request and authorise my Dentist to undertake such treatment as may be necessary and advisable under the circumstances, including taking the decision not to proceed with the proposed treatment set out in the Treatment Plan.

9. I consent to any tooth reduction, bone or gum surgery necessary to accomplish the cosmetic requirements I would like to achieve.

10. I understand and acknowledge that the result or outcome of the corrective treatment set out in the Treatment Plan cannot be guaranteed.

11. I acknowledge and confirm that I have been advised by my Dentist that the use of tobacco, coffee, alcohol or sugar and some prescription drugs may limit the success of the treatment set out in the Treatment Plan. The reasons may include, but are not limited to, staining, decreased tissue health, periodontal disease, recurrent decay and fracture of teeth and restorations. I agree to follow my Dentist's home care instructions and to report to my Dentist for regular examinations, professional dental hygiene and maintenance as instructed by my Dentist.

12. To the best of my knowledge I have provided to my Dentist an accurate report of my physical, dental and mental health history.

13. I acknowledge and understand that I am and remain responsible for payment of the treatment /procedure provided to me by my Dentist in the Treatment Plan notwithstanding my health insurance plan (if any).

14. By signing this Patient Consent Form, I am confirming that I have read this Consent Form prior to signature and I understand its contents of this consent form and the proposed treatment set out in the Treatment Plan in full, including its possible risks, complications and benefits, that all of my questions have been answered to my satisfaction and that I consent to and authorise my Dentist to proceed with the proposed treatment as set out in the Treatment Plan.

Patient Signature

Date