CONSENT FORM · GENERAL

Consent for Dental Examination and X-rays

Please read this form carefully. It explains the treatment we have recommended, its benefits, risks and alternatives, so you can make an informed decision. Take as long as you need and ask us anything. You may change your mind at any time before or during treatment.

PATIENT FULL NAME

DATE OF BIRTH

PATIENT NUMBER

TOOTH, TEETH OR AREA

TREATING CLINICIAN

DATE

SECTION 1

About your treatment

A thorough check of your teeth, gums, mouth and jaw, with photographs and X-rays where they are needed, so we can understand your oral health and plan your care with you.

New patients start with our Dental Wellness Assessment. This is a detailed 100 point examination of your teeth, gums, bite, jaw joints and soft tissues, including an oral cancer screen. We measure your gums with a gentle probe (a BPE score and, where needed, full pocket charting), take clinical photographs and a digital scan, and take X-rays only when they are justified for you.

X-rays use a small dose of ionising radiation. We follow the Ionising Radiation (Medical Exposure) Regulations, which means all X-rays must have a clear clinical reason. Bitewing X-rays look for decay between the teeth and bone levels. A panoramic radiograph (OPG) shows all the teeth and jaws. A 3D CBCT scan is used only for specific planning, such as implants or complex root canal work. Routine examinations then follow at intervals set for your own risk level, in line with NICE guidance.

What happens

STEP	WHAT IT INVOLVES
1. Your history	We go through your medical history, medicines, concerns and goals, and anything that worries you about dental care.
2. Examination	We check your face, jaw joints, lips, tongue, cheeks and throat area, then every tooth, filling and crown, and your bite.
3. Oral cancer screen	We look and feel for any changes in the soft tissues of your mouth and neck. This takes a few minutes and is gentle.
4. Gum assessment	We use a fine probe to measure the gum pockets around your teeth and note any bleeding.
5. Photographs and scan	We take clinical photographs and, where helpful, a digital 3D scan of your teeth to show you what we see.
6. X-rays when justified	If needed, we take bitewings, single views, an OPG or a CBCT scan. We explain why before we take any.
7. Your plan	We talk through our findings, your options and costs, and give you a written plan to take away.

SECTION 2

Expected benefits

- Finds decay, gum disease and other problems early, when treatment is usually simpler.
- Includes a screen for mouth cancer and other changes in the soft tissues.
- Gives you a clear picture of your oral health with photographs you can see.
- Lets us set a recall interval that suits your own needs, not a fixed timetable.
- Provides a record to compare against at future visits.
- Gives you time to ask questions and plan treatment at your own pace.

SECTION 3

Risks and possible complications

Every treatment carries some risk. These are the risks we believe are important for you to know about. Your dentist will explain any that apply particularly to you.

RISK	WHAT IT MEANS	HOW LIKELY
Radiation from X-rays	Dental X-rays use a very small dose of radiation, similar to the natural background radiation we all receive over a few days. The risk of harm is very low. We only take X-rays when they are justified.	Rare
Pregnancy	We usually postpone routine X-rays during pregnancy. Please tell us if you are, or might be, pregnant.	Uncommon
Not every problem can be seen	No examination or set of X-rays shows everything. Very small decay, cracks or early changes can be missed, which is why regular reviews matter.	Uncommon
Gagging or discomfort	Sensors for X-rays and scanners can feel bulky and may make you gag. Tell us and we will pause or adapt.	Common
Gum tenderness	Measuring the gums can cause brief tenderness or slight bleeding, especially if the gums are inflamed.	Common
Jaw ache	Keeping your mouth open for a while can leave your jaw a little tired. This settles quickly.	Uncommon
Unexpected findings	Sometimes we find something that needs further tests or a referral to a specialist or hospital. We will explain this clearly.	Uncommon

Common means it may affect more than 1 in 10 people. Uncommon means between 1 in 100 and 1 in 10. Rare means fewer than 1 in 100.

SECTION 4

Alternatives, including no treatment

- **No examination**: problems such as decay, gum disease or mouth cancer may go unnoticed until they cause pain or become harder to treat.
- **Examination without X-rays**: possible, but decay between teeth and bone loss may be missed. We will record that you declined.
- **Fewer X-rays or a different view**: we can discuss which views are essential and which could wait.
- **Using recent X-rays from another practice**: if they are good quality and recent, we can use them instead of taking new ones.

SECTION 5

Costs

ITEM	GUIDE FEE
Dental Wellness Assessment, new patients	£150 (introductory £30 for the first three months after opening)
Routine examination	£85
Digital radiograph, single	£15
Panoramic radiograph (OPG)	£95
CBCT 3D scan	£250
Advanced digital 3D scan and imaging	£150

YOUR ESTIMATED TOTAL (FROM YOUR WRITTEN PLAN) £

PLAN REFERENCE

ESTIMATE VALID UNTIL

Fees are confirmed in your written treatment plan. If anything changes during treatment that affects the cost, we will discuss it with you first.

SECTION 6

Anaesthetic and sedation

☐ Local anaesthetic ☐ No anaesthetic needed ☐ Inhalation sedation ☐ IV sedation

If sedation is planned you will also sign a separate sedation consent form and receive written sedation instructions.

SECTION 7

Your consent

Please initial each statement you agree with.

I understand that the examination includes a check of my teeth, gums, soft tissues and an oral cancer screen.	☐
I understand that X-rays use a small dose of ionising radiation and will only be taken when there is a clear clinical reason.	☐
I have told the clinician if I am, or might be, pregnant.	☐
I understand that no examination or X-rays can detect every problem.	☐
I understand that gum measurements may cause brief tenderness or slight bleeding.	☐
I understand that clinical photographs and scans taken today form part of my dental record.	☐
I understand that I may be referred for further tests or specialist advice if something needs it.	☐
I understand that I can decline any part of the examination, and that this may limit what can be found.	☐
I have read this form and the information leaflet, or had them read to me, and I understand them.	☐
I have had enough time to consider my options, and my questions have been answered to my satisfaction.	☐
I understand the alternatives, including no treatment, and the material risks that apply to me.	☐
I understand the costs set out in my written treatment plan.	☐
I understand that if something unexpected is found, my dentist will stop and discuss it with me unless stopping would put my health at risk.	☐
I understand I can withdraw my consent at any time, and that results vary and no outcome can be guaranteed.	☐
I agree to clinical photographs, scans and X-rays being taken for my dental records.	☐

SECTION 8

Signatures

Patient. I agree to the treatment described on this form.

PATIENT SIGNATURE | PRINT NAME | DATE

Parent or guardian (if the patient is under 16, or lacks capacity and you hold legal authority).

SIGNATURE | PRINT NAME | RELATIONSHIP TO PATIENT | DATE

Interpreter (if used). I have interpreted the information on this form to the best of my ability.

INTERPRETER SIGNATURE | PRINT NAME AND LANGUAGE | DATE

Clinician. I have explained the treatment, the intended benefits, the material risks, the reasonable alternatives including no treatment, and the costs. I have given the patient time and opportunity to ask questions, and I believe they understand.

CLINICIAN SIGNATURE | PRINT NAME | GDC NUMBER | DATE

CONFIRMATION ON THE DAY OF TREATMENT

If you signed this form at an earlier appointment, we will check with you on the day that nothing has changed and that you still wish to go ahead.

PATIENT SIGNATURE	CLINICIAN SIGNATURE	DATE	TIME

Questions or second thoughts? Call 01932 507650, WhatsApp 07835 798 611 or email hello@lusso.dental. A copy of this signed form is kept in your records and a copy is given to you.