CONSENT FORM · GENERAL

Consent for Hygiene and Guided Biofilm Therapy

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 professional clean with our hygienist to remove plaque, tartar and staining, using Guided Biofilm Therapy with a warm air, water and fine powder spray, followed by tailored advice for home care.

Plaque is a sticky film of bacteria, called biofilm, that builds up on teeth every day. If it is not removed it can harden into tartar and lead to gum disease and decay. A hygiene appointment removes this build up from above and just below the gum line.

Guided Biofilm Therapy (GBT) uses a disclosing solution to colour the plaque so we can see exactly where it is. We then remove it with Airflow, a gentle spray of warm water, air and a very fine powder. Any hard tartar left is removed with a slim ultrasonic tip. We finish by showing you which areas to focus on at home.

What happens

STEP	WHAT IT INVOLVES
1. Check and assess	We review your health, look at your gums and note any changes since your last visit.
2. Disclose the plaque	A harmless dye colours the plaque so you and we can see where it is.
3. Airflow clean	Warm water, air and a fine powder lift plaque and stains from teeth, gums, fillings, crowns and implants.
4. Remove tartar	A slim ultrasonic tip removes any hard tartar that remains.
5. Home care coaching	We show you the right brush and interdental sizes and how to use them.
6. Plan your next visit	We agree how often you need hygiene visits, based on your gum health.

SECTION 2

Expected benefits

- Helps prevent gum disease and tooth decay.
- Removes everyday stains from tea, coffee and wine, so teeth look brighter.
- Gentle on gums, enamel, fillings, crowns, veneers and implants.
- Fresher breath and a cleaner feeling mouth.
- Personal advice so your home care is more effective.

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
Sensitivity	Teeth may feel sensitive to hot or cold for a day or two, especially where gums have shrunk back. This usually settles quickly.	Common
Gum tenderness and bleeding	Inflamed gums may bleed and feel tender after cleaning. This usually improves within a few days as the gums heal.	Common
Gaps becoming noticeable	As swollen gums settle, small gaps between teeth or slight looseness may become more noticeable. This reflects existing gum changes, not damage from cleaning.	Uncommon
Loose temporary fillings or crowns	A temporary or already weak filling or crown can occasionally come loose during cleaning.	Uncommon

RISK	WHAT IT MEANS	HOW LIKELY
Return of staining	Staining and plaque will build up again over time, more quickly if you smoke or drink tea, coffee or red wine.	Common
Reaction to the powder or dye	Allergy to the cleaning powder or disclosing dye is very unusual. Tell us about any allergies.	Rare
Air under the gum	Very rarely, air from the spray can pass under the gum and cause swelling. This usually settles on its own, and we will monitor it if it happens.	Rare

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 treatment**: plaque and tartar will continue to build up, which can lead to gum disease, bad breath, decay and, over time, tooth loss.
- **Traditional scale and polish**: hand instruments and an ultrasonic scaler with a polishing paste, without Airflow.
- **Home care alone**: good brushing and cleaning between teeth helps, but cannot remove hardened tartar.
- **Gum therapy**: if deeper pockets are found, you may need root surface debridement instead of, or as well as, a hygiene visit.

SECTION 5

Costs

ITEM	GUIDE FEE
Hygiene, 30 minutes	£85
Extended hygiene, 45 minutes	£140
Guided Biofilm Therapy (Airflow)	£150
Membership plans (Essential, Premium, Signature)	£39, £59 or £109 a month, £95 set-up fee

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 a disclosing dye will be used to show plaque, and that it is removed during the clean.	☐
I understand that my teeth may be sensitive and my gums tender or bleed for a few days.	☐
I understand that, as gums heal, existing gaps or recession may become more noticeable.	☐
I understand that a weak or temporary filling or crown may come loose during cleaning.	☐
I have told the clinician about any allergies, breathing conditions and medicines.	☐
I understand that a hygiene visit does not replace good home care, and that results depend on my cleaning at home.	☐
I understand that staining and plaque will return over time.	☐
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.