CONSENT FORM · GENERAL

Consent for White Fillings

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

Tooth coloured composite fillings to repair teeth damaged by decay, wear or small fractures, matched to the shade of your natural teeth.

A white filling uses composite resin, a tooth coloured material that bonds to the tooth. After numbing the tooth, we remove decay or old filling material, clean and prepare the tooth, then build up the filling in layers, setting each layer with a blue light. We shape and polish it so your bite feels natural.

We use a rubber dam (a thin sheet that isolates the tooth) wherever possible to keep the tooth dry, which helps the filling bond well. We do not place amalgam (silver) fillings. Large cavities may be better repaired with a ceramic inlay, onlay or crown, and we will explain if this applies to you.

What happens

STEP	WHAT IT INVOLVES
1. Assessment	We examine the tooth and use X-rays where needed to see the size and depth of the problem.
2. Numbing	We numb the tooth with local anaesthetic so you are comfortable.
3. Isolation	We place a rubber dam or other isolation to keep the tooth clean and dry.
4. Preparation	We remove decay or old filling material and prepare the tooth.
5. Building the filling	We bond the composite in layers, setting each with a curing light, and match it to your shade.
6. Shaping and checking	We shape, polish and check your bite carefully so it feels comfortable.

SECTION 2

Expected benefits

- Repairs the tooth and helps stop decay from spreading.
- Tooth coloured, so it blends with your natural teeth.
- Bonds to the tooth, often allowing more healthy tooth to be kept.
- Usually completed in a single visit.
- Can relieve sensitivity from a broken or decayed tooth.

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	The tooth may be sensitive to hot, cold or biting for a few days or weeks. This usually settles, and is more likely with deeper fillings.	Common
High bite	If the filling feels high once the numbness wears off, the tooth can ache. A quick adjustment fixes this.	Uncommon
Need for root canal treatment	If decay is deep, the nerve may become inflamed or die, now or in the future. The tooth could then need root canal treatment or removal.	Uncommon
Wear, chipping or staining	Composite can chip, wear or pick up stains over time, and may need polishing, repair or replacement.	Common

RISK	WHAT IT MEANS	HOW LIKELY
New decay	Decay can develop around the edges of any filling, especially if sugar intake is high or cleaning is difficult.	Uncommon
Tooth fracture	A heavily filled tooth is weaker and may crack. A crown or onlay may be advised later.	Uncommon
Food trapping	Food may catch between teeth if the contact point is not tight. We check this, and it can be adjusted.	Uncommon
Numbness after anaesthetic	Numbness usually wears off in a few hours. Lasting numbness of the lip or tongue after a lower injection is rare.	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**: decay usually continues, causing pain, infection, a larger filling or root canal treatment, or loss of the tooth.
- **Monitoring and fluoride**: very early decay that has not broken through the enamel may be stopped with fluoride and better cleaning.
- **Ceramic inlay or onlay**: a stronger lab made restoration for larger cavities.
- **Crown**: for teeth that are heavily broken down.
- **Extraction**: removing the tooth, with options to replace the gap.

SECTION 5

Costs

ITEM	GUIDE FEE
Composite filling, one surface	£165
Composite filling, two surfaces	£250
Composite filling, three or more surfaces	£330
Ceramic inlay or onlay (alternative)	£795
Digital radiograph, single	£15

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 composite (white) filling will be placed and that amalgam is not offered. ☐

I understand that my tooth may be sensitive for a few days or weeks after treatment. ☐

I understand that if decay is deep, the nerve may need root canal treatment now or in the future, or the tooth may be lost. ☐

I understand that the decay may be larger than expected, and the filling size and fee may change. I will be told before any change. ☐

I understand that fillings can chip, wear, stain or need replacing over time. ☐

I understand that a heavily filled tooth may later need an onlay or crown. ☐

I understand that keeping my filling healthy depends on my cleaning, diet and regular check ups.	☐
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.