CONSENT FORM · GENERAL

Consent for Fluoride Varnish and Fissure Sealants

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

Two quick, gentle treatments to help protect children's teeth from decay: fluoride varnish painted onto the teeth, and sealants that seal the grooves of the back teeth.

Fluoride varnish is a thin, sticky coating painted onto the teeth. It strengthens enamel and helps stop early decay. National guidance (Delivering Better Oral Health) recommends fluoride varnish at least twice a year for children from age three, and more often for children at higher risk of decay.

Fissure sealants are a thin, tooth coloured or white coating placed into the deep grooves on the biting surfaces of the back teeth, usually the adult molars soon after they come through, from around age six. They make the grooves easier to clean and help keep food and bacteria out. No drilling or injections are needed for either treatment.

What happens

STEP	WHAT IT INVOLVES
1. Check and explain	We check your child's teeth and explain what we will do in words they understand.
2. Clean and dry	We clean and dry the teeth so the varnish or sealant sticks well.
3. Fluoride varnish	We paint the varnish onto the teeth with a small brush. It takes a minute or two.
4. Sealant preparation	For sealants, we apply a gentle gel to the grooves, rinse it off and keep the tooth dry.
5. Sealant placement	We flow the sealant into the grooves and set it with a blue light.
6. Final check	We check the bite and give you aftercare advice.

SECTION 2

Expected benefits

- Helps prevent decay in baby and adult teeth.
- Quick and gentle, with no drilling or injections.
- Can help reverse very early decay.
- Helps children get used to dental visits in a positive way.
- May reduce the need for fillings in future.

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
Yellow tint	Fluoride varnish can leave teeth looking slightly yellow until it is brushed off the next day.	Common
Unpleasant taste or feeling sick	Some children dislike the taste. Feeling sick is uncommon, and vomiting is rare.	Uncommon
Allergic reaction	Some varnishes contain colophony (a pine resin). Allergic reactions are rare. Tell us about any allergies, or if your child has ever been admitted to hospital with asthma.	Rare
Sealant coming off	Sealants can wear or come off over time. We check them at each visit and repair them if needed.	Common

RISK	WHAT IT MEANS	HOW LIKELY
Decay under a sealant	If a sealant is not fully sealed, decay could start underneath. This is uncommon, and checks help to spot it.	Uncommon
Not complete protection	These treatments reduce the risk of decay but do not stop it entirely. Diet and brushing are still very important.	Common

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**: your child's teeth will not have this extra protection, and the risk of decay may be higher, especially in deep grooves.
- **Fluoride toothpaste and diet changes alone**: still very effective, and important whether or not varnish or sealants are used.
- **Fluoride varnish without sealants**: gives general protection to all surfaces.
- **Monitoring the grooves**: checking at each visit and sealing only if early changes appear.

SECTION 5

Costs

ITEM	GUIDE FEE
Fluoride varnish application	Quoted at consultation
Fissure sealant, per tooth	Quoted at consultation
Custom fluoride trays	£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 confirm that I have parental responsibility for the child named on this form, or that the young person is consenting for themselves. ☐

I understand what fluoride varnish and fissure sealants are and why they are recommended. ☐

I have told the clinician about my child's allergies, including any allergy to sticking plasters or pine resin (colophony), and any hospital admissions for asthma. ☐

I understand that varnish may leave a temporary yellow tint, and that my child should not brush until the next morning. ☐

I understand that sealants can wear or come off and will be checked at each visit. ☐

I understand that these treatments reduce, but do not remove, the risk of decay. ☐

I understand that a young person under 16 who fully understands the treatment may give their own consent (Gillick competence), and that we will encourage them to involve a parent. ☐

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.