CONSENT FORM · RECORDS

Consent for Clinical Photographs and Records

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

Your choices about how we take, store and use clinical photographs and video of your teeth and face, from your clinical records only through to teaching and LUSSO marketing.

Clinical photographs, videos and digital scans are an important part of your dental record. They help us diagnose, plan and check the progress of your care, and let you see what we see. We take them using practice equipment only, never personal phones.

With your separate permission, images can also be used in anonymised form for teaching and professional education, or on the LUSSO website and social media. Each use is a separate choice. You can agree to clinical records only and this will not affect your care in any way. You can withdraw permission for teaching or marketing at any time.

What happens

STEP	WHAT IT INVOLVES
1. We explain the options	We explain each type of use and answer your questions before you decide.
2. You choose	You initial each option you agree to. Clinical records use is part of providing your care. Teaching and marketing are entirely optional.
3. Photographs taken	We take photographs and, where useful, short video. We may use lip retractors and small mirrors.
4. Secure storage	Images are saved straight to your secure clinical record and removed from the camera.
5. Review your choices	You can see the images and change your choices at any time by telling us in writing.

SECTION 2

Expected benefits

- Accurate records of your teeth and face before, during and after treatment.
- Helps you understand your diagnosis and options.
- Allows careful planning and design of cosmetic and restorative treatment.
- Lets us check how your treatment and gums change over time.
- If you choose, helps train other dental professionals or shows others what treatment can involve.

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
Identifiability	Even with eyes covered or the face cropped, someone who knows you may recognise your smile, teeth or features. Full face images are identifiable.	Common
Images copied online	Once an image is shared on the website or social media, others may copy or share it. We cannot fully remove copies made by others, even if you withdraw consent.	Uncommon
Printed material	If you withdraw consent, we will stop using images in new material, but printed items already distributed cannot be recalled.	Uncommon
Data breach	We protect images carefully, but no system is completely secure. Unauthorised access is rare.	Rare

RISK	WHAT IT MEANS	HOW LIKELY
Discomfort while photographing	Lip retractors and mirrors can feel stretching or cold, and may make you gag. We work quickly and you can ask us to stop.	Common
Feeling self conscious	Some people feel uncomfortable seeing close up images of their teeth. We will view them with you sensitively.	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

- **Clinical records only**: images are used only for your care and are never used for teaching or marketing.
- **Teaching only, anonymised**: images used for education without your name or identifying features where possible, but not for marketing.
- **No photographs**: possible, but planning and recording of your care would be less accurate, and some treatments, such as smile design, may not be possible.
- **Limited images**: for example, teeth only with no face, if you prefer.

SECTION 5

Your consent

Please initial each statement you agree with.

Option A, clinical records only: I agree to clinical photographs, video and scans being taken and kept in my dental record for my care.	☐
Option B, teaching and professional education: I agree to my images being used, anonymised as far as possible, for teaching, lectures, courses and professional publications. [Yes / No]	☐
Option C, LUSSO website and social media: I agree to my images being used on the LUSSO website, social media and marketing materials, without my name. [Yes / No] Full face images allowed: [Yes / No]	☐
I understand that options B and C are entirely optional and saying no will not affect my care.	☐
I understand that I can withdraw consent for options B and C at any time by telling the practice in writing, and that images will then be removed from LUSSO channels promptly.	☐
I understand that copies already shared by others online, or printed material already distributed, cannot be recalled.	☐
I understand that images are stored securely under UK GDPR, and that published images may carry a LUSSO watermark.	☐
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 I can withdraw my consent at any time, and that results vary and no outcome can be guaranteed.	☐

SECTION 6

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.