CONSENT FORM · EMERGENCY

Consent for Emergency Dental Treatment

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

Emergency dental treatment relieves pain, controls infection and stabilises an urgent problem. It is often temporary, and further treatment is usually needed to fix the cause.

We see patients with toothache, swelling, broken teeth, lost fillings or crowns and dental injuries. At an emergency appointment we assess the problem, take X-rays where needed and explain what is causing it. We then aim to relieve pain and stabilise the situation, for example with a temporary filling, removing the inflamed nerve from a tooth, draining an abscess, recementing a crown or managing an injured tooth.

Antibiotics do not cure toothache and are only prescribed when there are signs of spreading infection or you are unwell, in line with national guidance. Some problems, such as swelling affecting breathing or swallowing, or a serious injury, need hospital care, and we will refer you to A&E. Emergency care is usually a first step, and we will discuss the treatment needed to fix the problem for the long term.

What happens

STEP	WHAT IT INVOLVES
1. Assessment	We listen to your symptoms, check your medical history, examine your mouth and take X-rays if needed.
2. Diagnosis and options	We explain what is wrong, your options including no treatment, and the costs before we start.
3. Pain relief and stabilising	Depending on the problem, we may place a temporary filling, remove the nerve, drain an abscess, recement a crown or remove a tooth.
4. Managing injuries	For knocked or broken teeth, we reposition, splint or cover the tooth and arrange follow up.
5. Medicines if needed	We give advice on painkillers and only prescribe antibiotics when they are clinically indicated.
6. Next steps	We explain the further treatment you need and book follow up.

SECTION 2

Expected benefits

- Relieves pain quickly in many cases.
- Controls infection and reduces the risk of it spreading.
- Protects a damaged tooth until it can be fully repaired.
- Gives you a clear diagnosis and plan.
- Improves the chance of saving an injured tooth when seen promptly.

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
Treatment is temporary	Emergency treatment often stabilises the problem rather than fixing it. Temporary fillings and dressings can wear or fall out, and symptoms can return if further treatment is delayed.	Common
Ongoing pain	Pain may not settle completely straight away, particularly with infection or inflamed nerves.	Common

RISK	WHAT IT MEANS	HOW LIKELY
Need for further treatment	Root canal treatment, a crown or extraction may be needed to fix the cause, at extra cost.	Common
Tooth cannot be saved	Sometimes a tooth is too damaged or infected to save and removal is the only option.	Uncommon
Recemented crown coming off again	A crown may come off again, especially if the tooth underneath is decayed or broken.	Common
Antibiotic side effects	If antibiotics are needed, they can cause an upset stomach, thrush or, rarely, an allergic reaction.	Uncommon
Infection spreading	Despite treatment, infection can occasionally spread and may need hospital care.	Rare
Injured teeth changing over time	After an injury, a tooth may darken, lose its nerve or need root canal treatment months later.	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 treatment**: pain and infection may continue or worsen, and infection can spread. You may only want advice and painkillers today, which is your choice.
- **Extraction**: removing the tooth rather than trying to save it.
- **Pain relief and review**: for some problems, painkillers and a planned appointment may be appropriate.
- **Referral**: to A&E, a hospital oral and maxillofacial team or a specialist for serious infection, injury or complex cases.

SECTION 5

Costs

ITEM	GUIDE FEE
Emergency assessment	£125
Emergency filling	£150
Emergency nerve removal	£150
Digital radiograph, single	£15
Simple extraction	£195
Incision and drainage, recementing a crown or trauma management	Quoted at consultation

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 emergency treatment aims to relieve pain and stabilise the problem, and is often temporary.	☐
I understand that further treatment, such as root canal treatment, a crown or extraction, is likely to be needed, at extra cost.	☐
I understand that if I delay further treatment, the pain or infection may return.	☐
I understand that antibiotics are only prescribed when clinically needed and do not cure toothache.	☐
I understand that I may be referred to A&E or a specialist if my condition needs hospital care.	☐
I understand that an injured tooth may change colour or need root canal treatment in the future.	☐
I have been told about the alternatives, including no treatment, and what they would mean for me.	☐
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.