CONSENT FORM · COSMETIC

# Consent for ICON White Spot 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

ICON resin infiltration is a gentle treatment that can reduce or remove white spots on teeth without drilling. It fills tiny pores in the enamel so the spots blend in better with the rest of the tooth.

White spots are areas of enamel that are more porous than the rest of the tooth, often caused by early decay, braces, fluorosis or developmental problems. Light scatters in these areas, making them look chalky white.

ICON uses a mild gel to open the surface, then a runny resin soaks into the pores and is hardened with a blue light. This changes how light passes through the enamel so the spot is less visible. No drilling or injections are usually needed. Deep or long standing marks may not disappear fully. ICON can be combined with whitening or composite bonding for a more even result.

**What happens**

| STEP | WHAT IT INVOLVES |
|---|---|
| **1. Assessment** | We examine the spots, take photos and check whether ICON is likely to help. |
| **2. Preparation** | Your teeth are cleaned and the gums are protected with a rubber sheet. |
| **3. Etching** | A mild gel is applied to the spot for a few minutes to open the surface pores, then rinsed off. |
| **4. Drying and checking** | The tooth is dried with a special liquid that gives a preview of how the spot may look. |
| **5. Infiltration** | The resin is applied, allowed to soak in, and hardened with a blue light, usually twice. |
| **6. Polishing and review** | We polish the surface and review the result, usually after a couple of weeks. |

SECTION 2

## Expected benefits

- No drilling or injections in most cases.
- Preserves natural tooth structure.
- Usually completed in one visit.
- Can help stop early decay from progressing.
- Can be combined with whitening or bonding.

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 |
|---|---|---|
| **Incomplete improvement** | Deep or long standing marks may only partly improve. This is common, and some spots may still be visible. Results vary and no outcome is guaranteed. | Common |
| **Need for further treatment** | Some spots need a second ICON session, whitening or composite bonding to blend in fully, at extra cost. | Common |
| **Temporary sensitivity** | Mild sensitivity after treatment can occur and usually settles within a few days. | Uncommon |
| **Gum irritation** | The gel can irritate gums if it touches them. Protection is used, and any irritation usually settles quickly. | Uncommon |
| **Staining over time** | The treated surface can pick up stains over time. Polishing at hygiene visits helps. | Uncommon |

| RISK | WHAT IT MEANS | HOW LIKELY |
|---|---|---|
| **Change in appearance of the spot** | Rarely, a spot may look slightly different in colour rather than disappearing, and may need bonding. | 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**: the spots stay as they are. If they are stable and not decay, this carries little risk to your oral health.
- Teeth whitening, which can sometimes help spots blend in with the rest of the tooth.
- Fluoride or remineralising products for early decay spots, which may slowly improve some marks.
- Composite bonding, which covers the spot with tooth coloured material.
- Porcelain veneers for extensive or deep marks, which require enamel removal.

SECTION 5

## Costs

| ITEM | GUIDE FEE |
|---|---|
| **Cosmetic smile consultation** | £150 |
| **ICON resin infiltration** | Quoted at consultation |
| **Professional whitening kit, gel and custom trays (if combined)** | £475 |
| **Composite bonding per tooth (if combined)** | £495 |

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 ICON may reduce but not fully remove white spots, particularly deep or long standing marks. ☐

I understand that more than one session or additional treatment such as whitening or bonding may be needed, at extra cost. ☐

I understand that mild sensitivity or gum irritation may occur and usually settles. ☐

I understand that treated areas can pick up stains over time and need regular polishing. ☐

I understand that results vary and no outcome is guaranteed. ☐

I have been told about the alternatives, including no treatment, and have had the chance to ask questions. ☐

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.