CONSENT FORM · COSMETIC

Consent for Digital Smile Design and Trial Smile

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

Digital Smile Design uses photos, video and a 3D scan of your teeth to plan a new smile on screen. A trial smile is a temporary mock up placed over your teeth so you can see and feel the planned shape, with no drilling.

We take photos and short videos of your face and smile, and a 3D scan of your teeth. Using design software, we plan changes to the shape, length and position of your teeth that suit your face, lips and smile line. This helps us explain options such as whitening, aligners, bonding or veneers.

We can then make a trial smile: a temporary resin copy of the design, pressed over your own teeth. No tooth preparation is needed, and it comes off afterwards. The design is a guide to help you decide, not a guarantee of the final result, which depends on the treatment you choose and how your teeth respond.

What happens

STEP	WHAT IT INVOLVES
1. Consultation	We talk about what you would like to change and check your teeth and gums.
2. Photos, video and scan	We take a series of photos, short videos of you smiling and talking, and a 3D scan of your teeth.
3. Design	We plan your new smile on screen and discuss options to achieve it.
4. Trial smile	A temporary resin mock up of the design is placed over your teeth so you can see it in the mirror and on camera.
5. Feedback and changes	You tell us what you like or would change, and we adjust the design if needed.
6. Treatment plan	We give you a written plan with options, risks and costs to consider before deciding.

SECTION 2

Expected benefits

- See a preview of the planned changes before committing to treatment.
- No drilling or tooth preparation for the design or trial smile.
- Helps you and us agree on shape, length and proportions.
- Makes treatment options and their limits easier to understand.
- The design can guide later treatment so it follows the agreed plan.

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
Final result differs from the design	The design and trial smile are guides. The final result depends on your teeth, gums, bite and the treatment chosen. Some differences are common and no outcome is guaranteed.	Common
Mock up comes off or breaks	The trial smile is held on lightly and can come off or chip, especially when eating. This is common.	Common
Staining of the mock up	The temporary resin can stain quickly with tea, coffee and other coloured foods.	Common

RISK	WHAT IT MEANS	HOW LIKELY
Mock up looks bulkier than final treatment	Because it sits over your existing teeth without preparation, the trial smile can look or feel thicker than the final result.	Uncommon
Gum irritation	Excess material near the gums can cause mild soreness. This usually settles once it is removed.	Uncommon
Speech changes	Your speech may feel slightly different while wearing the mock up.	Uncommon
Allergy to materials	Reactions to the resin are rare. Tell us about any allergies.	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 design**: you can go ahead with treatment planned from a standard examination and photos, or choose not to have cosmetic treatment at all. Not having treatment carries no risk to your oral health.
- A laboratory wax up, a physical model of the planned shape, without a digital design.
- Discussing options using before and after examples from our smile gallery.

SECTION 5

Costs

ITEM	GUIDE FEE
Cosmetic smile consultation	£150
Digital Smile Design	£150
Advanced digital 3D scan and imaging	£150
Trial smile mock up	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 the design is a guide to help me decide and is not a guarantee of the final result.	☐
I understand that the trial smile is temporary, may stain, chip or come off, and will be removed.	☐
I understand that no tooth preparation is needed for the design or trial smile.	☐
I understand that the final result depends on the treatment I choose and how my teeth and gums respond.	☐
I consent to photos and videos being taken and stored securely in my clinical record.	☐
I understand that my images will only be used for marketing if I give separate written consent.	☐
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.