

**PATIENT'S CONSENT TO PROPHYLACTIC PROCEDURES**

**I. PATIENT DATA:**

Patient's first name and surname: \_\_\_\_\_

Personal Identification Number PESEL: \_\_\_\_\_

**II. DATA OF THE DOCTOR/DENTAL HYGIENIST PERFORMING THE PROPHYLACTIC PROCEDURE: \_\_\_\_\_**

**III. DESCRIPTION OF THE PROPOSED PROPHYLACTIC PROCEDURE WITH POSSIBLE COMPLICATIONS AND ADVERSE EVENTS:**

This form refers to:

**1. PROPHYLACTIC PROCEDURE:**

The aim of the prophylactic procedures is to prevent dental caries and to maintain good condition of the gums (periodontium), which is the basic element in maintaining good oral hygiene. The prophylactic procedure includes the following steps: scaling, i.e. calculus removal (involves removal of hard deposits, called calculus or tartar, with the use of ultrasounds), sandblasting of plaque (involves removal of non-mineralised plaque and discolouration from the tooth surface with the use of dental sandblaster), polishing of tooth surfaces, fluoridation (protecting the teeth with the use of fluoride preparations). Depending on the condition of the patient's oral cavity, it may be necessary to split the prophylactic procedures into two stages (two visits). In the case of patients having problems with periodontium, it may be necessary to perform surgical removal of subgingival calculus or to refer the patient to a specialist for further diagnosis. If there is a lot of calculus, its removal may result in the development of an interdental space after the removed calculus, and, in consequence, in gomphiasis, which may require additional medical procedures. The performance of the prophylactic procedure may result in temporal hypersensitivity of teeth and gums, and transient gingival inflammation. During the prophylactic procedures, a loss of untight filling or restoration may occur. An allergic reaction to the materials/tools used during the procedures may also develop.

**2. ANESTHESIA:**

This medical procedure may be performed by the doctor under local anesthesia, at the patient's request – a pharmacological agent is administered to the tissue within the oral cavity to block the nerves within the target area. After administration of anesthesia, adverse reactions or complications may occur, depending on the patient's individual sensitivity. **Common but less dangerous complications include:** sensitivity of the injection site, tissue hematoma (bruising), swelling, dizziness, lip and cheek biting, increased blood pressure and increased heart rate. **Rare complications include:** fainting, partial paralysis of the sensory nerve, post-injection infection, allergic reaction.

This prophylactic procedure is associated with a risk of complications and/or adverse reactions, also if all precautions are followed by the medical staff engaged in this procedure. We make every effort to minimize the risk of any complications and/or adverse reactions; however, their occurrence cannot be ruled out or prevented by any medical professional or healthcare center.

Other remarks:

.....

**IV. PATIENT'S STATEMENT:**

I confirm that:

- 1) I have not been legally incapacitated;
- 2) I have provided complete and true information about my health to the best of my knowledge, and in accordance with my medical history;
- 3) I agree to notify the healthcare centre in writing without delay of any changes in my health status;
- 4) I have been fully informed in an understandable manner:

- a) about my health;
- b) about the nature, method and purpose of the prophylactic procedure concerned;
- c) In particular, I have been informed that:
  - if any teeth are missing, I need to have them restored without delay;
  - I shall be required to comply with the post-treatment recommendations, including e.g. the information on the necessity to resign from food and drink consumption for a specified time, and to follow a so-called "white diet";
  - durability of the prophylactic procedure effects depends on my compliance with the recommendations regarding lifestyle, including diet and oral hygiene;
  - in some instances, depending on the patient's oral cavity condition, it is not possible to reach a maximum aesthetic effect during sandblasting (i.e. removal of 100% plaque);
  - prophylactic procedures should be performed regularly, at terms recommended by the doctor or dental hygienist, at least every 12 months;
  - I shall be required to pay check-up visits, at terms recommended by the doctor or dental hygienist, at least every 12 months;
- d) that I have the right to refuse to consent to this prophylactic procedure, and I was made aware of the resulting consequences;
- e) that there is a risk of adverse reactions and complications during and after the prophylactic procedure, which are described in detail in section III of this informed consent form;
- f) about the importance of reporting any alarming symptoms to the healthcare centre, including any complications and adverse reactions;
- g) that I have the right to ask questions and voice concerns about the treatment to the medical staff;
- 5) I reported to the medical staff all my concerns and asked all my questions concerning the prophylactic procedure, and I had all my concerns addressed and the questions answered to my satisfaction and in an understandable manner;
- 6) I understand that, as with any general medical and dental procedures, the positive outcomes of the medical procedure concerned are not guaranteed;
- 7) I am aware that I can withdraw my consent to this prophylactic procedure at any time;
- 8) I have read and fully understood this document, and do not report any reservations.

**V. PATIENT'S CONSENT**

I confirm that I consent to:  
(please insert an X as appropriate)\*

have a prophylactic procedure

have anaesthesia

.....  
doctor's/dental hygienist's signature, stamp and date

.....  
patient's legible signature and date

**VI. Information on the conditions of delivering healthcare services**

- 1) ESTIMATED COSTS: .....
- 2) PAYMENT CONDITIONS:

Payment will be made after the prophylactic procedure is performed.

- 3) PATIENT'S STATEMENT

I hereby confirm that:

1. I have been informed about the terms of payment, which I fully acknowledge and accept;
2. I acknowledge and accept that the costs of travel to/from the healthcare center shall not be reimbursed;
3. I understand that, in the event of a change in the scope of the performed procedure, the amount of the pre-determined expected costs (section VI item 1) may be modified accordingly;
4. I am aware that the success and outcomes of the procedure depend to a large extent on my compliance with the doctor's/dental hygienist's recommendations, which I agree to follow, including by attending regular check-ups and hygienization visits.

.....  
(patient's signature and date)

**VII. CONSENT TO DISCLOSE CONFIDENTIAL MEDICAL INFORMATION**

Acting on my own behalf, I hereby confirm that I consent to the disclosure of confidential medical information concerning the medical procedure referred to hereinabove, in the form of photographs to be presented or published, without disclosing any personally identifiable information, for the purposes of: educating other patients (presenting medical records for illustrative purposes only), staff training, and marketing (informing about the health services delivered). I confirm I shall not be entitled to make any claims in this respect. I am aware that I can withdraw my consent at any time, without any negative consequences.

.....  
(patient's signature and date)