

## Example Consent Form

### CONSENT FORM FOR DIRECT ACCESS TREATMENT WITH A DENTAL THERAPIST

**Please amend as appropriate prior to use**

The General Dental Council permits dental therapists to see patients directly, without the need for patients to see the dentist first. It is important that you understand what treatments a dental therapist can and cannot do.

Dental therapists are registered dental professionals who can diagnose tooth decay and gum disease, they can carry out treatments such as fillings, tooth cleaning, x-rays to help with their diagnosis and they can extract baby teeth. They provide treatment directly to patients or under prescription from a dentist. They are required to have appropriate indemnity and are registered with the General Dental Council.

Dental therapists work within the dental team and may refer you to an appropriate colleague if they believe you require more complex treatment which is out of their scope of practice. This is necessary to act within your best interest and to provide you with the most appropriate care. The complex treatments that should be carried out by dentists, include prescribing antibiotics, root treatments, crowns, bridges, extraction of adult teeth and dentures as these are out of the scope of practice of a dental therapist.

When you see the dental therapist for an examination, if dental disease is diagnosed and treatment recommended you will be provided with a treatment plan, estimate, and consent form. There may be rare circumstances where the dental therapist cannot start treatment and requires a dentist to assess you first. These reasons may be related to your medical history or the condition of your mouth.

#### Consent

I have read and understood the limitations of direct access treatment with a dental therapist and agree to be treated under direct access arrangements.

I understand that the dental therapist is only responsible for the treatments within their scope of practice and that regular visits to a dentist are still recommended.

**Signed:**..... **Date:**.....

**Name in capitals:** .....

I am / am not (please delete as appropriate) on the practice list of a dentist

(If relevant) – the dental practice contact details are: