PARISH DENTAL
Dental & Cosmetic Studio

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7-9 Branch Road, Armley, Leeds, West Yorkshire, LS12 3AQ

Informed Consent Form for Dental Bonding

Patient Name: _____

Date: _____

Procedure Description:

This consent form is to confirm that I, _____ [Patient's Name], understand that I am undergoing a dental bonding procedure. This procedure involves the application of a tooth-colored resin material to my teeth, which is then hardened with a special light, ultimately improving the appearance of my teeth.

Potential Benefits:

1. Enhancement of the appearance of teeth in terms of color, shape, and size.
2. Correction of minor cosmetic imperfections like chips, cracks, or gaps.
3. A minimally invasive procedure with immediate results.

Risks and Complications:

I acknowledge and understand that the procedure, like all dental procedures, involves risks and potential complications including, but not limited to:

1. **Tooth Sensitivity:** Temporary sensitivity to hot, cold, or pressure.
2. **Discoloration:** The resin material may stain over time.
3. **Chipping or Detachment:** The bonded material may chip or detach from the tooth.
4. **Tooth Damage:** Rare possibility of damage to the underlying tooth.
5. **Maintenance:** Bonded teeth may require touch-ups or replacement over time.

Alternatives to Dental Bonding:

I understand that alternatives to dental bonding may include:

1. Veneers or crowns, which provide a more durable and long-lasting solution.
2. Orthodontic treatment for alignment issues.
3. Acceptance of the current appearance and condition of the tooth.

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Consent:

I confirm that the dentist has explained the dental bonding procedure, its risks, benefits, and alternatives to me, and has answered all my questions. I understand that no guarantees or assurances have been made to me concerning the results of this procedure. I consent to undergo dental bonding as explained to me.

I also understand the importance of maintaining good oral hygiene practices and regular dental check-ups following the procedure.

Patient Signature: _____

Date: _____

Dentist's Signature: _____

Date: _____