



Informed Consent Form for Dental Grills

Patient Name: _____

Date: _____

Procedure Description:

This consent form is to confirm that I, _____ [Patient's Name], understand that I am undergoing a procedure for the placement of dental grills. Dental grills are decorative covers typically made of gold, silver, or jewel-encrusted precious metals that snap over one or more of their teeth.

Potential Benefits:

1. Cosmetic enhancement of teeth appearance.
2. Reversible alteration of tooth aesthetics for specific purposes.

Risks and Complications:

I acknowledge and understand that the use of dental grills, like any dental procedure, involves risks and potential complications including, but not limited to:

1. **Tooth Decay and Gum Disease:** Risk of decay if grills are worn extensively, leading to plaque accumulation.
2. **Allergic Reactions:** Potential allergic response to the metal alloys used in grills.
3. **Tooth Wear and Damage:** Risk of damage or wear to the enamel of adjacent teeth.
4. **Tissue Irritation:** Possible irritation or injury to gum tissue.
5. **Oral Hygiene Difficulty:** Challenges in maintaining proper oral hygiene with grills.

Professional Advice for Temporary Use:

- The dentist advises that dental grills should ideally be used temporarily and for specific occasions such as music videos, films, or performances, considering the potential risks associated with prolonged use.

Legal Considerations (Specific to UK Law):

- I understand that the use of dental grills is subject to legal considerations in the UK, particularly regarding cosmetic dental practices.
- I acknowledge that I have been informed of the legal aspects of using dental grills in the UK.





Consent:

I confirm that the dentist has explained the procedure for the placement of dental grills, its risks, benefits, the recommendation for temporary use, legal considerations, 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 the procedure for the placement of dental grills as explained to me.

I also acknowledge that the dental grills are a cosmetic enhancement and not a therapeutic dental treatment. I understand the importance of maintaining good oral hygiene practices while using dental grills and agree to use them only temporarily as advised.

Patient Signature: _____

Date: _____

Dentist's Signature: _____

Date: _____

