

DIRECT ACCESS HYGIENIST CONSENT FORM



Dear Patient,

Usually to access a hygienist appointment you would have to be referred to the hygienist by a dentist. It is now possible for patients at Passage House Dental Care, and people who are not patients, to access a hygienist at the practice without prior referral by a dentist – this is called 'Direct Access'.

In order to access hygiene care in this way, patients need to sign this consent letter which will be kept on file. You only need to sign this form once to be able to use our Direct Access Hygienist service.

Before signing this consent form you should have read the 'Direct Access Patient Information', which is available from our receptionists or hygienist.

1. Examinations/Treatments provided by a hygienist is periodontal (soft tissues around teeth/gums) management only and it is not a substitute for the full oral-health examination, treatment and care provided by a general dentist.
2. Hygienists can diagnose and produce a treatment plan within their competence in periodontal management. They can suggest appropriate referral for other oral conditions, either by informing the patient or referring the patient to a general dentist or specialist.
3. Passage House Dental Care will not provide compensation for lost restorations etc through treatment received through Direct Access.
4. The fees for further appointments, if required, will be detailed in a treatment estimate, based on the guide prices provided in the Direct Access Patient Information and displayed on the price list in reception. These prices are guide costs, they may increase if the hygienist has to provide additional treatments that are thought necessary and more costly.
5. Hygienists can refuse to see a patient if they feel it is not in the patient's best interests and should instead see a general dentist.
6. As part of the patient's ongoing care it is recommended that all patients see their dentist on a regular basis according to their dentist's recommendations.

Print name (The Patient) : _____

Signed (The Patient) : _____

Date: _____

Clinician (The Hygienist): _____