DIRECT ACCESS TO THE HYGIENIST CONSENT FORM

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*BACKGROUND*

Since the 1st of May 2013, The General Dental Council has enabled patients to directly access the service of dental hygienists (direct access)

Previously, a dentist had to see a patient prior to prescribing hygiene treatment. This meant that you would have been examined by a dentist to see whether you had oral problems that warranted further treatment or investigation before you could see a hygienist.

*DIRECT ACCESS*

The hygienist can see you to provide oral hygiene advice, remove stain, calculus, bacterial deposits and other debris. The hygienist can also give you advice on the progression of gum disease, but more advance conditions need to be assessed by a dentist and then the hygienist can continue your treatment under the prescription of the dentist.

Dental Hygienist cannot diagnose disease or give the prognosis ( the likely outcome) of the decayed or broken teeth. They are unable to prescribe antibiotics, painkillers or any other drugs to alleviate symptoms.

A visit to the hygienist only, is not a substitute for a full dental examination.

*REFERRAL TO DENTIST*

If your hygienist advises you to see a dentist, it is because they feel that it is in the interests of your health. The treatment may be outside their scope of practice, or they may be uncertain about treating you without further advice. There are occasional circumstances where a hygienist might advise you to see a dentist first before starting treatment. These circumstances may relate to your medical history, general health or the condition of your oral health which gives them concern.

*CONSENT*

I have read and understood the limitations of Direct Access to a dental hygienist and agree to be treated under the direct access arrangement. I understand that the hygienist is not responsible for the overall health of my mouth and that regular visits to a dentist are still required.

Signed ..................................

Date .....................................