Invisalign Consent Documents



Berwick Smile Dental Care

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Tweedmouth

Berwick-upon-Tweed

TD15 2HE



# Introduction.

Consent is a process not an event.

It is a process of consultation, education and information delivery. Such that at the end of the process you feel you have been made aware of all of the treatment options available that may address your presenting complaint.

That you are aware that having no treatment is one of your options.

And that once you have requested your chosen treatment you have been given ample information about that specific treatment, the risks and benefits, and the process to follow.

Please be comfortable in the knowledge that any one of our team, either clinical or support, are here to answer any questions, alleviate anxieties or solve problems - from today and through the course of your chosen treatment**.**

# Instructions.

We advise you to read through the documents that follow and highlight any areas you may want to ask questions on when you attend the practice.

The consent pack is intended to progress in a logical manner that guides you through the following pathways:

1. Initial attendance for consult
2. Presentation of all treatment options and associated risks and benefits.
3. Initial request by the patient for a particular treatment option.
4. Explanation of that treatment process with more detailed explanation of risks, benefits and common complications.
5. Consent to various aspects of the treatment.
6. Explanation of warranty and customer satisfaction policy.
7. Explanation of long term maintenance options.



# Treatment Options Discussed.

We discussed how in basic terms there were 3 routes to delivering improvements to the appearance of a smile:

###### WHITENING.

If a patient presents with issues solely pertaining to shade then whitening alone may be a good option to address this.

###### ORTHODONTIC.

If a patient presents with crowding then effectively we advise that if the teeth themselves are a nice shape, but in the wrong place, then an orthodontic approach is the first line approach and the least invasive method of aligning the teeth to deliver the kind of smile the patient may wish for.

###### RESTORATIVE.

In contrast, if a patient presents with misalignment of the smile and / or there are fundamental issues with the appearance of the teeth themselves (worn teeth, broken down teeth, existing crowns or veneers, poor margins, stained composites, visible crown or veneer margins, decay, cracks) then we would discuss the fact that a solely orthodontic approach may not deliver the 'renewed' smile the patient may wish for. In these circumstances addressing and improving the shapes, surface and character of the teeth themselves may be called for.

###### DO NOTHING.

The patient is aware that they could choose no treatment.

We then made the patient aware about the orthodontic techniques available to achieve alignment.

###### FIXED BRACKETS AND WIRES / ORTHODONTIC TREATMENT.

Patient advised of the existence of traditional fixed orthodontics involving brackets and wires. Advised that we do provide this technique however the patient indicated that a discreet, wire free orthodontic treatment is the preferred route and as such this became the focus of our discussions.

Name…………………………………………………………………………………………

Signature………………………………………………………………………………………

Date……………………………………………………………………………………………



**CONSENT TO DENTAL PHOTOGRAPHY**

During your dental appointments we routinely take photographs, of your face, jaws and teeth, before, during and after treatment, which are primarily used for our dental records.

In addition, the practice growing reputation means that case photos would be of great use to be used **anonymously** in presentations and certain marketing channels for the practice.

Please indicate with a tick if you would be comfortable for **anonymised** photographs of your teeth to be used in the following ways:

* Dental studies and research papers.
* Dental education including lectures, seminars, demonstrations.
* Professional publications such as journals or books.
* Professional private online forums to obtain specialist advice.
* Marketing material, including websites, printed materials, patient education and social media posts**.**

Name…………………………………………………………………………………………

Signature………………………………………………………………………………………

Date……………………………………………………………………………………………



##### CONFIRMATION OF VISUAL CONSENT TOOLS

I hereby confirm that I have seen the following visual consent tools either at my initial consultation or at my treatment commence appointment. Please place tick in box to confirm.

* Invisalign aligner on a dental model.
* Invisalign attachment on a dental model.
* 3D simulation of proposed orthodontic outcome.

Name…………………………………………………………………………………………

Signature……………………………………………………………………………………...

Date……………………………………………………………………………………………



**PRE TREATMENT**

**PERIODONTAL ASSESSMENT APPOINTMENT**

Dr Indra Rampersad has referred you to see our dental hygiene therapist for an assessment of your gum health before you have further treatment.

This appointment will include:

* Full mouth inspection of your gums.
* BPE reading (gum health score).
* Photographs if required.
* Advice where required.
* Appointment scheduling for future periodontal hygiene sessions as required.

I consent to undergo the treatment by our dental hygiene therapist.

Name........................................................................................................................

Signature: ................................................................................................................

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



### PERIODONTAL HYGIENE TREATMENT

###### Q. WHAT WILL THIS INCLUDE?

* Full assessment of your gums if necessary, noting plaque distribution, location of bleeding, gum pocket depth, gum recession and tooth mobility.
* Full mouth clean of your teeth and gums by using an ultrasonic scaler.
* A polish with paste and airflow if required.
* Followed by oral health education.
* Smoking and alcohol cessation advice, diet advice will also be provided if necessary.

###### Q. ARE THERE ANY SIDE EFFECTS TO PERIODONTAL TREATMENT?

Periodontal treatment is essential to maintain the health of your mouth and teeth. If the tartar is not removed it can lead to gum disease. Some patients may experience some of the following common side effects and in these circumstances we will offer the necessary advice needed.

* Plaque and tartar can irritate the gums and cause them to bleed easily, therefore you may experience some bleeding during the treatment.
* If you have any loose crowns or fillings these may be dislodged during cleaning. If this does occur we will resolve it.
* After the tartar has been removed you may notice some recession or space between your teeth as a result of the reduced inflammation.
* Sometimes tartar can attach loose teeth together, therefore once it is removed you may experience some looseness of your teeth.
* Your teeth may be more sensitive to hot and cold things after treatment.

I consent to undergo a dental examination and hygiene treatment today.

Name...........................................................................................................................

Signature .....................................................................................................................

Date…………………………………………………………………………………………….

### INVISALIGN PROPOSED

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**Invisalign Frequently Asked Questions**

This document includes some instructions for wearing your Invisalign and some answers to our most commonly asked questions.

###### Q. How does it work?

Invisalign is effectively a series of clear aligners, each one slightly the wrong shape for your teeth. As such when seated on your teeth they apply pressure to the teeth and cause them to move. 7 days later you change to a new aligner, and so the process continues.

The design of the movements is dictated by a digital outcome that you approve. That way you gave complete confide that you have been involved in the design of your new smile.

###### Q. Is it painful?

Invisalign wear is not painful. When placing a new aligner you will experience a tight feeling on your teeth and a slight ache. This is because each aligner is effectively the wrong fit for your teeth and your teeth will move to fit each new aligner. This ache disappears after the first day or 2 and does not usually require any pain relief.

Sometimes people experience some soreness when the lips rub against the edges of your aligners. This is uncommon but if it occurs it usually disappears after 4 or 5 days when the skin toughens up. This can also be remedied by using a nail file on the offending edge of the aligner.

###### Q. How do I keep them clean?

Toothbrush and water. Do not use boiling water as it will warp your aligner!

Tablets are available to purchase from our reception to keep retainers clean but most patients just use a toothbrush and water. By the time the aligner is beginning to get a little stained it is usually time for your new aligner.

###### Q. How often do I change my aligners?

Change your aligners after 7 days wear. Always keep your old aligners back in their bags just in case we run into any complications.

###### Q. How do I take my aligners out?

Stick one finger in at the back corner of your mouth and unclip the aligner from your very back tooth. Do the same on the other side and then peel the aligner away from your teeth. A reasonable amount of force is required for this. Don't be shy. You won't break your teeth and you won't break your aligners. Over time you will develop your own knack of getting them in and out but this is a good beginners guide.

###### Q. What if I lose an aligner?

Firstly, try and avoid losing them. The most common way people lose their aligners is by not putting them in their carry case when not in use. Commonly people out for a meal have

been known to stick them in a napkin and they get thrown away. Or put them in their pockets. Or in the kitchen. If you place them in their carry case this won't happen. If you do lose one simply skip on to the next aligner.

###### Q. Can I drink with them in?

You can keep your aligners in when drinking cool water.

###### Q. What dentistry is required?

**Attachments and IPR.**

Attachments are Invisalign’s version of the silver brackets you get with metal braces. They are little blocks of white filling material that are bonded onto the teeth in specific sites to allow the aligner to engage with the tooth more positively. They are used to correct rotations and to add anchorage (extra grip) to other teeth.

They are very discrete, essential to treatment, do not harm the tooth and are removed at the end of treatment.

IPR stands for inter proximal reduction. This means removal of some tooth tissue between the teeth. The maximum amount of IPR prescribed by Invisalign is 0.5mm per site. This means 0.25mm from each surface of the tooth. This is a quarter of a millimetre. No anaesthesia is required and it is usually not an uncomfortable procedure.

IPR is carried out to create a little bit of space between the teeth to allow the teeth to move freely past each other. In addition it makes the teeth slimmer, thereby creating some space where crowding is present for the teeth to fit into the jaw space.

Both IPR and attachments are optional but are usually required in anything but the mildest of cases. They are used to create the best smile for our patients by having the greatest degree of control as to where we move your teeth in your smile.

###### Q. Will my teeth move back after Invisalign?

Without retention there is a high chance that the tooth movements will relapse.

###### Q. What is retention?

At the end of treatment it is Invisalign's specific advice that patients buy Invisalign's own Vivera retainers at an additional cost of £279 for 3 sets. This works out as £46.50 per retainer. Invisalign advise 6 month full time retainer wear at end of treatment followed by 3 months full time night time wear, followed by 3 nights a week thereafter.

###### You will need to wear your retainers 3 nights a week forever or for as long as you want your teeth to remain straight. We cannot guarantee the longevity of our results unless this protocol is followed.

**Q. Does treatment always go according to plan?**

We always achieve the result that we were aiming for. On occasion complications can arise which make the treatment take longer than first hoped. There are certain tooth movements that are difficult to achieve and it is these that need to be managed carefully.

The main factor that can affect treatment success is that the aligners are worn. If the aligners are living in their case more than on the teeth we will not achieve our goal! It is essential that unless the patient is brushing their teeth or eating, that the aligners are worn at all times.

###### Q. How often will I need to come for appointments?

Once you are fitted with your aligners and your attachments and IPR have been carried out we typically review patients every 6 weeks depending on your home monitoring results.

###### Q. What is a typical appointment sequence?

Once treatment has been agreed, the following clinical appointment series will take place:

1. First fit. Aligners are fitted. Advice given. Attachments and IPR carried out. Aligners are given to patient.
2. Review. Patient attends wearing aligners to assess closeness of fit and that treatment is progressing as planned.
3. Phase one complete. Attachments are removed. Contouring takes place if required. Scans are taken. Scans assessed to determine if further alignment is required.
4. Phase two fit. A new series of aligners are designed and delivered. Attachments and IPR carried out.

This process is repeated until such time as the patient and the dental team are satisfied with the appearance and function of the outcome.

###### Q. What if I don't like the end result?

Your case will always be progressing towards a ClinCheck that you have approved, as such it is highly unlikely we deliver any surprises. In addition Invisalign is a phase driven process. Once we reach the end of a phase, new scans are taken and we evolve and develop a new ClinCheck for you to approve. In essence you are always completely involved in the direction of your treatment.

I confirm that I have read and understood this information sheet. Name........................................................................................................................

Signature: ................................................................................................................

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



### BEHIND THE SCENES OF A COMPLEX PROCESS

Following from your initial consultation a great deal of work happens behind the scenes to decide how we design what your finished smile will look like. A number of case discussions are held between the team at the practice involved in your case and the orthodontic experts responsible for creating your 3D smile simulation for your approval.

Once you have approved your smile simulation at the practice we submit your case to invisalign who then commence fabrication of your entire aligner sequence and arrange shipment to our practice from their manufacturing facility in Costa Rica.

Most Invisalign orthodontic cases require more than one phase of treatment. That is to say that following completion of your first series of aligners it is often necessary to take further colour digital scans to produce more aligners to complete your treatment.

Moving a large number of teeth with clear aligners is a very tailor made and complex process. The aligners are often moving a large number of teeth at a time and predicting their next position in any sequence. Every patient is different. Therefore it is not uncommon for aligners to become less well fitting as treatment progresses and for us to take more accurate scans at this stage to create more aligners.

###### Between phases we always advise patients to keep wearing their last aligner at night to maintain the position of their teeth until new aligners are fitted.

The process between phases is just the same as if we were commencing a new case and the timings between appointments are therefore similar. Following new scans, a new treatment plan (ClinCheck) is proposed, reviewed and accepted by the practice before any new aligners are planned for fabrication.

When aligners are to be fabricated a 3D printer prints off a solid model of each stage of your teeth moving. These are then trimmed and placed on a flat bed vacuum forming device where each aligner is formed and trimmed.

Currently we are advising the following lead times:

**2 - 4 weeks** from scans to the ClinCheck.

**2 - 4 weeks** from case acceptance to delivery of aligners and arrangement of your fit appointment.

I confirm that I have read and understood this information sheet.

Name .........................................................................................................................

Signature ......................................................................................................................

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



**ATTACHMENTS**

Attachments are Invisalign’s version of the silver brackets in metal braces. They allow the aligners to have a more positive connection with the teeth to achieve complex movements.

They are effectively tooth-coloured blocks that are bonded to a number of the teeth during the course of treatment to facilitate tooth movement and/or appliance retention.

Attachments do make it more apparent that you are in treatment but they are virtually essential in all but the mildest of cases.

They are removed at the end of treatment and between phases of treatment.

* I understand what attachments are.
* I am happy to have attachments placed on the sites prescribed to allow tooth movements to continue as planned.
* I confirm that I have read and understood this information sheet.

Name .........................................................................................................................

Signature .....................................................................................................................

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



## IPR

In order to create the necessary space to fit your teeth in the arch of your smile it is often necessary to carry out IPR.

IPR stands for inter proximal reduction which means the removal of tooth tissue from between the teeth. The typical amount of tissue removed is 0.5mm per site which equates to 0.25mm per tooth surface. Whilst any removal of tooth tissue should not be taken lightly, these amounts are clearly minimal and considering that the average enamel thickness in these sites is 0.7mm does not compromise the integrity of the tooth.

Studies have shown that IPR does not leave the tooth more prone to decay or sensitivity in the long term.

IPR is necessary to create space to address crowding and avoid the need for extractions.

* I understand what IPR is.
* I understand that IPR enables Invisalign to be a non extraction technique.
* I am happy to have IPR carried out in the sites prescribed to allow tooth movements to continue as planned.
* I confirm that I have read and understood this information sheet.

Name ............................................................................................................................

Signature ......................................................................................................................

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



##### CONTOURING AND OCCLUSAL ADJUSTMENT

Teeth meet together in an intricate manner, much like a jigsaw puzzle.

When we ‘restore’ the surface of one tooth, it is often necessary to adjust the surface of the opposing tooth to create necessary space or even out the bite.

This is called **OCCLUSAL ADJUSTMENT**.

It is often necessary after fitting a new crown or even after carrying out a new filling. If it were not done then the surface of the new crown would not be able to be designed in an ideal shape as it would be determined by the opposing tooth which may have shifted to an incorrect or damaging position.

Similarly following orthodontic treatment occlusal adjustment is often required to fine tune the bite. Whilst we have moved the teeth themselves to the appropriate positions, the various surfaces of the teeth (the cusps) often need contouring to complete an even and comfortable functioning bite.

**CONTOURING** is like occlusal adjustment but refers more to front teeth and in particular to the incisal edges of front teeth. It may be necessary for similar reasons as described above, when teeth have shifted over time and are ‘in the way’ of an ideal restorative position. Alternatively it may be utilised for cosmetic reasons to recreate softer shapes to teeth that have worn over time, or to bring balance to teeth that are poorly proportioned.

Both **CONTOURING** and **OCCLUSAL ADJUSTMENT** are painless, non invasive and are commonly used techniques to balance out the shapes of teeth or biting surfaces of teeth to deliver an overall more successful outcome.

* I confirm I understand that contouring and occlusal adjustment may be necessary in my course of treatment and give my consent to this technique being utilised as required.
* I understand that I will be asked to give verbal consent prior to any instance where it is to be used and give my consent to its use in general terms.

Name……………………………………………………………………………………………

Date…………………………………………………………………………………………………

Signed ……………………………………………………………………………………………….



##### INVISALIGN RETENTION

* I am aware that I will need to wear a clear plastic retainer over my teeth at night to keep my teeth straight.
* I am aware I can opt to purchase Invisalign Vivera retainers at an additional cost of £279 at the end of treatment.
* I am aware that it is my responsibility to wear my retainer as instructed and to request additional retainers at additional cost as they wear or break.
* I am aware that neither Berwick Smile Dental Care, nor Dr Indra Rampersad accept any responsibility for my teeth not staying straight.
* I am aware that Invisalign advise the following retention protocol: 6 months full time wear of their retainers after completion of treatment, followed by 3 months nights only, followed by 3 nights a week for life.
* I am aware that should relapse occur then correction of this relapse incurs further cost as an entirely new case will need to be commenced.
* I am aware that should relapse occur neither Berwick Smile Dental Care, nor Dr Indra Rampersad are obliged to treat the relapse.
* I am aware that Dr Indra Rampersad will fit a bonded retainer behind the back of my front teeth.

I confirm that I have read and understood this informed consent form.

Name ...........................................................................................................................

Signature .....................................................................................................................

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



**FREQUENTLY ASKED QUESTIONS ABOUT TOOTH WHITENING**

**Q. WHAT IS TOOTH WHITENING?**

Tooth whitening is a procedure designed to lighten the colour of your teeth without the need to remove any tooth tissue, so it is a conservative way to make your teeth whiter and it is a very popular cosmetic treatment.

**Q. TYPES OF TOOTH WHITENING TREATMENTS?**

**Home Whitening**

A gel containing carbamide peroxide is placed in some specially made whitening trays that fit over your teeth. The trays are worn for a approximately 2 hours a day for 2-4 weeks.

**In Surgery whitening.**

A hydrogen peroxide based gel is placed on your teeth in the surgery and a specially designed ultra violet light is used to whiten the teeth in surgery. This process takes about 90 minutes and is designed to give more immediate results. It needs to be used in conjunction with a home whitening kit for the best long term results.

**Q. HOW DOES TOOTH WHITENING WORK?**

The active ingredient in tooth whitening gel is carbamide peroxide. This breaks down into hydrogen peroxide, urea and then water and oxygen. The oxygen that is absorbed into the tooth and this sets off a chemical reaction that breaks apart the staining chemicals and the teeth whiten.

**Q. IS TOOTH WHITENING SAFE?**

Research indicates that using peroxide to bleach teeth is safe as the byproducts are urea, water and oxygen. There is new research indicating the safety for use on the soft tissues (gum, cheek, tongue, and throat).

It is a very common treatment as it is a safe and conservative way to lighten the teeth because no tooth tissue is being removed.

**Q. WILL ALL MY TEETH WHITEN?**

Tooth whitening treatment will not work on surface staining, white and silver fillings, crowns and veneers. If you have multiple colourations, bands or spots due to tetracycline staining you may need multiple treatments or they may not whiten at all. It is worth noting that any white spot that you have on your teeth before bleaching will appear brighter at first, this will settle down as your teeth around the white spot catch up.

The area of tooth near the gum line may not whiten as much especially if the gum has receded. This is not due to the whitening gel not reaching this area, as commonly thought by patients, but is because the enamel here is thinner or not present at all. It is the enamel that the whitening process acts on.

**Q. CAN ANYONE WHITEN THEIR TEETH?**

It is against the law to carry out whitening treatment on children under the age of 18. There is no upper age limit.

Your mouth must be healthy before your have your teeth whitened as the gel would cause pain if it were exposed to tooth decay. Therefore, you will need to have a thorough examination to ensure that there is no evidence of gum disease or decay. Any crowns, veneers, white filling would need to be noted so that you were made aware that these would not change colour. In addition any type of stubborn discolouration that would not respond as expected.

There is no evidence to say whitening is not safe during pregnancy however, it may be wiser to postpone whitening until after the birth of the baby.

**Q. HOW MANY APPOINTMENTS WILL I NEED?**

We typically schedule 3 appointments.

**Appointment 1**.

An initial assessment will be carried out and impressions (moulds) or digital scans of your teeth are taken so special whitening trays can be made for you in our on site digital lab.

**Appointment 2.**

A start shade and photographs will be taken, your bleaching trays will be fitted and a demonstration will be done to show you how to apply the bleaching gel. It is the law that the initial whitening appointment is supervised therefore you will need to remain on the premises for 1 hour to ensure you do not have an allergy to the bleaching agent.

**Appointment 3.**

This is a review appointment to ensure that you are happy with the progress of the whitening treatment. A final shade will be recorded and photographs taken

**Q. DO I HAVE TO BE CAREFUL WHAT I EAT AND DRINK?**

You must not eat and drink when you are wearing your bleaching trays. It is advised to avoid highly coloured foods and drinks e.g. red wine, saffron, turmeric, strong tea and coffee. It is also advisable not to smoke.

**Q. HOW DO I CLEAN MY BLEACHING TRAYS?**

After you have removed your trays rinse them under running water and scrub them with your tooth brush and some tooth paste.

**Q. HOW SHOULD I CLEAN MY TEETH WHILST I AM BLEACHING THEM?**

It is very important to ensure your oral hygiene is kept to a high standard brushing twice a day and cleaning between your teeth once a day. After you have removed your trays rinse your mouth with water or a mouth wash and avoid brushing your teeth for 30minutes -1hour

**Q. HOW LONG WILL THE EFFECTS OF TOOTH WHITENING LAST?**

Colour stability varies; you may want a top up of one week at home bleaching once a year. Additional syringes of bleach can be purchased. An examination appointment with the dentist will needed so that the fit of your trays can be checked and a further bleaching course prescribed. At present bleaching syringes are £15 each

**Q. HOW WHITE WILL MY TEETH GO?**

Normally teeth will lighten by a few shades, there are a number of factors which will influence the end shade e.g. nature of the discolouration, age, diet, length of time agent is used etc.

**Q. WHO CAN PROVIDE TOOTH WHITENING GEL?**

It is illegal for anyone other than a dental professional to provide tooth whitening. When you have your first course of treatment the dentist will prescribe you a number of syringes of bleach.

**Q. ARE THERE ANY SIDE EFFECTS?**

Sensitivity is a common side effect. This is rarely permanent and can be managed with sensitive toothpaste. If it is problematic is is advisable to take a break from bleaching for a few days.

I have read and understood the information sheet on Home whitening and consent to the treatment of tooth whitening

Name.....................................................................................................................................

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

Dated......................................................................................................................................



### INVISALIGN APPOINTMENT SEQUENCE

###### CONSULTATION PROCESS

1. Pre clinical consultation with Treatment Coordinator.
2. Definitive Treatment planning with Dr Indra Rampersad.
3. Treatment commence appointment to sign consent and book appointments.
4. Approval of ClinCheck by email.

###### ACTIVE TREATMENT: FIRST PHASE

1. First fit: aligners with attachments and IPR if required.
2. Review: assessment of progress and accuracy of fit.
3. Phase one complete: attachment removal, new scans.

###### ACTIVE TREATMENT: SECOND PHASE

1. Phase 2 fit: aligners, attachments, IPR if required.
2. Review: assessment of progress and accuracy of fit.
3. Phase 2 complete: attachment removal, new scans.

Any Invisalign case will have a MINIMUM of the above 11 appointments. The majority of Invisalign cases may involve further phases.

All phases are inclusive in your case price.

All patients are diﬀerent. Their teeth are diﬀerent. Their bone density is diﬀerent. So all cases will take a diﬀerent amount of time to complete.

It is very diﬃcult for us to estimate with any real certainty how long a case will take for these reasons. It is more important for you to know that we will treat you until both the dentist and patient are happy. It is important for us to know that you are committed to treatment in the same way from the outset.

Most Invisalign lite cases ought to take 9 - 12 months to complete.

Most Invisalign complete cases ought to take 12 - 24 months to complete.

Failure of a case to be completed in these timeframes is not a failure of the technique or treatment. It is simply a reflection of challenging teeth movements or challenging bone density.

Name……………………………………………………………………………………………

Date…………………………………………………………………………………………………

Signed ……………………………………………………………………………………………….

### A COMMITMENT BETWEEN PATIENT AND DENTAL TEAM

On making the choice to embark on Invisalign treatment with us you are making a financial commitment. You are placing your trust in us to deliver an outcome that will improve the health, function and appearance of your smile.

Our commitment is to aim to make the process as professional as possible. To deliver on our promise to provide the best possible patient experience. And an outcome that meets your needs and expectations.

A commitment to delivering your outcome.

We take the service we provide very seriously. We continually review and refine our processes. We continually invest in new technology that can deliver greater accuracy and a greater patient experience.

##### CHANNELS TO COMMUNICATE WHEN THINGS GO WRONG

If ever a situation arises where a patient is disappointed with their experience or outcome we invite feedback through any channel or staﬀ member that the patient is most comfortable with. In 99% of cases we can resolve these issues when we are given the opportunity to understand where things have gone wrong.

We have built this practice from scratch and each team member is hand selected and trained to understand how important we take your care. If we let you down, let us know, give us the chance to impress you again.

Below is a list of staﬀ names, titles and contact details. Never hesitate to make contact. In our experience there is no problem that cannot be resolved with a good conversation.

###### 

###### Ashleigh Tucker, Practice Manager

Email: [ashleigh@berwicksmile.co.uk](mailto:ashleigh@berwicksmile.co.uk)

###### Mary-Jane Allan, Communication Coordinator

Email: [mary-jane@berwicksmile.co.uk](mailto:mary-jane@berwicksmile.co.uk)

###### Dr Indra Rampersad, Practice Owner.

Email: [info@berwicksmile.co.uk](mailto:info@berwicksmile.co.uk)