



# THE DENTAL CENTRE

## Direct Access Consent Form

I understand – and it has been explained to me verbally – that I am seeing the Hygienist today under the Direct Access Guidelines.

- I am registered with another dentist YES/NO
- I last attended the dentist for a full mouth examination \_\_\_\_\_ Months/Years ago
- The name and address of my regular/registered dentist is:

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TEL: \_\_\_\_\_

- I understand that following this appointment the Hygienist may contact my registered dentist in writing, out of courtesy, and explain the procedure carried out here today.
- I have been given and completed a Medical History Questionnaire.
- I understand the nature of my visit today – a full mouth Scale and Polish – and that is NOT a full clinical assessment of the mouth – this can only be carried out by a qualified and registered Dentist.
- I understand that the cost of the appointment today is £110

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

