

CORK DENTAL SCHOOL & HOSPITAL

CONSENT TO TREATMENT

Name of Patient: _____ ~ _____ Date of Birth: _____ ~ _____

Address: _____ ~ _____

Hospital No. CDS #

1. I hereby authorise the Cork Dental School & Hospital and its staff and students to carry out, in the clinics of the Hospital, the following procedures necessary for my oral treatment:

Examination, manual (+ ultrasonic) cleaning
(fillings as needed)

2. A dental student and/or staff member has explained to me the purpose of the procedures recommended for my oral treatment. The reasonable risks and benefits of the treatment as well as the alternative treatment available (if any) have also been explained to me. I have carefully read the explanatory material relating to the above treatment. Such questions as I have posed have been answered to my satisfaction. Yes No
3. I consent to the administration of such anaesthesia as is required for the said oral treatment;
Local anaesthetic **Sedation** **General anaesthetic**
4. I certify that no guarantee has been made or assurance given as to the results that may be obtained from having this treatment. Yes No
5. I have read and completed the medical history form myself. Yes No
6. I understand that any teeth removed during the course of my treatment may be of value in dental education, research and patient investigation. I agree that teeth retained by the Cork Dental School & Hospital may be available for the education of dentists and students, and may subsequently be disposed of in accordance with Hospital practice. Yes No

DATED, this 9 day of Sept 20 13

Signed _____
PATIENT

Witness _____ Signed _____
PARENT, GUARDIAN OR NEAREST
KIN IF PATIENT IS UNDER AGE OF 16

I confirm that I have explained the nature and effect of this treatment/operation to the person who signed the above form of consent in my presence.

DATED, this 9 day of Sept 20 13

Signed: student signature

DENTAL/MEDICAL PRACTITIONER

RESTORATIVE DENTISTRY

HISTORY, DIAGNOSIS & TREATMENT PLAN

PATIENT: _____ ~ _____ HOSPITAL NO: CDS #

STUDENT: _____ ~ _____

STAFF: _____ ~ _____

Date	History, Diagnosis & Treatment Plan	Student	Staff
10/9/13	<u>REA</u> : Routine examination and cleaning		
	<u>MH</u> : (Review MH, yes responses elaborated) NRMH = no relevant MH		
	<u>DH</u> : Routine @ home, diet Frequency of attendance Past treatment (bleaching, ortho) Difficult treatment?		
	<u>SH</u> : Smoker? Alcohol? (review MH) Grinder? (night guard?) Nail biter / tops of pens? Contact sports? (guard?)		
	<u>EO Exam</u> : Check skin, symmetry, lips, TMS, lymph nodes. NAD = nothing abnormal detected		

HISTORY, DIAGNOSIS & TREATMENT PLAN

Date	History, Diagnosis & Treatment Plan	Student	Staff
	<p><u>10 exam:</u> Mucosa, palate, gingiva, tongue, floor of mouth (fom), soft palate, hard palate NAD. - note evidence of gingivitis here</p>		
	<p><u>Neck:</u> recession, abrasion, attrition, abfraction, erosion.</p>		
	<p><u>Teeth present:</u> $\begin{array}{c c} 7-1 & 1-7 \\ \hline 7-1 & 1-7 \end{array}$</p>		
	<p><u>Restorations:</u> $\begin{array}{c c} 76543 & \end{array}$</p>		
	<p><u>Caries:</u> $\begin{array}{c c} & 234567 \\ \hline & \end{array}$</p>		
	<p><u>CPITN:</u> $\begin{array}{c c c} 0 & 0 & 0 \\ \hline 0 & 2 & 1 \end{array}$</p>		
	<p><u>Plaque:</u> 24% , <u>BOP:</u> 16%</p>		
	<p>AIDS TO DIAGNOSIS: RADIOGRAPHS, IMPRESSIONS etc</p>		
	<p>DIAGNOSIS: LOCALISED GINGIVITIS (225%)</p>		
	<p>Tx Plan: S&P, OHI, Restore $\begin{array}{c c} & 234567 \\ \hline & \end{array}$</p>		
	<p>Tx Complete: S&P, OHI</p>		

TCA: Restorations.

SIGN

NAME PATIENT NAME

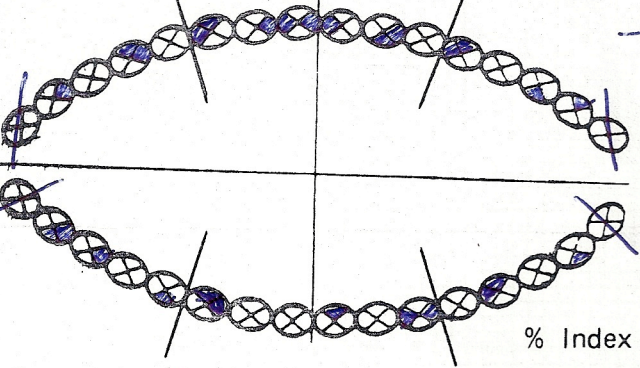
CASE NO. CDS #

Date 10/9/13

PLAQUE

Score

$\frac{27}{112}$



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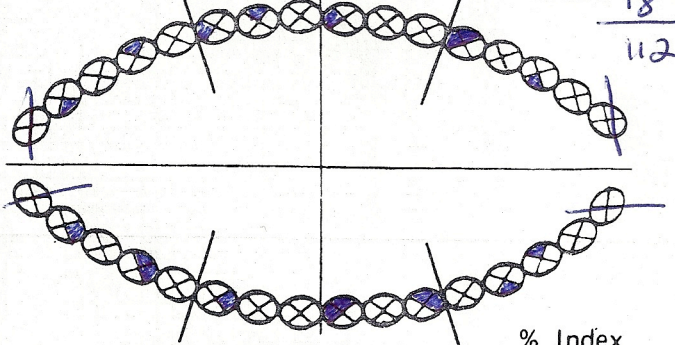
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Date 10/9/13

BOP

Score

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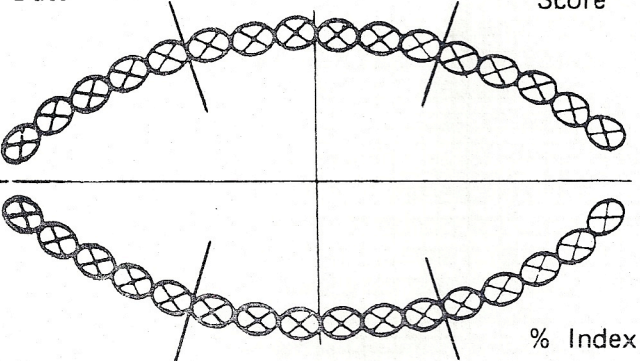
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Date

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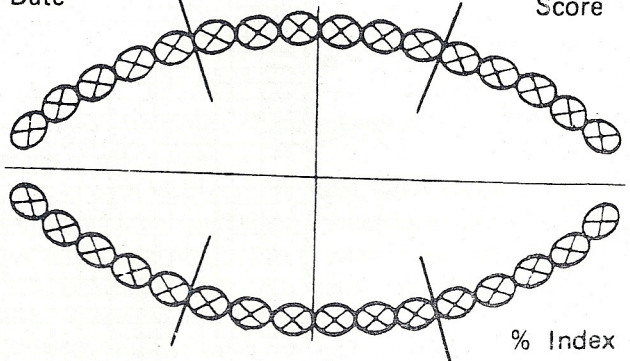


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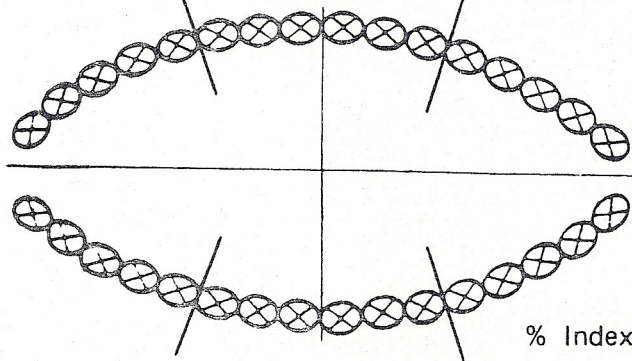


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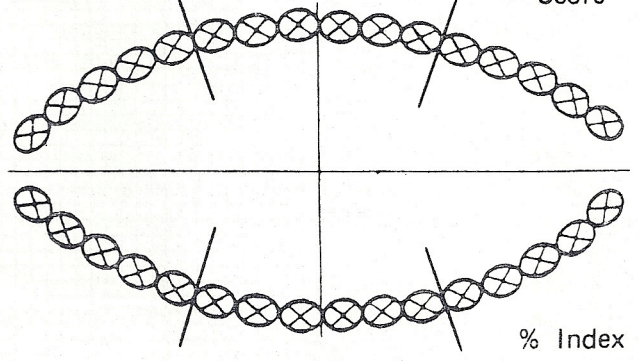


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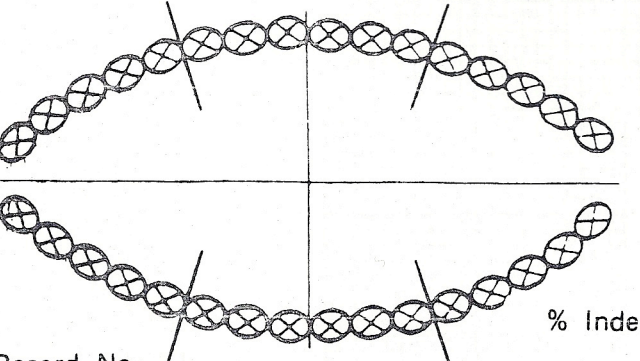


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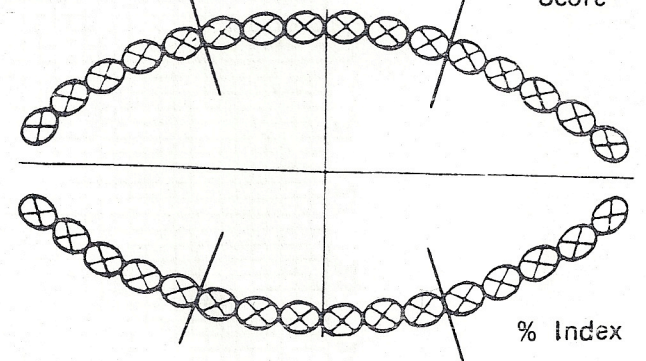


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