

Consent for Dental Examination/ Emergency Treatment



The Village Dentist

Dentist Name _____

Patient Name _____

Date of birth _____

Following the dental examination or emergency treatment, the dentist will prepare a report on the resident's oral health and list any recommended treatment requiring further consent.

SELF CONSENT

I give consent for a dental examination and/or up to \$400 of further treatment in the event that emergency treatment/pain relief is required (includes restorative, denture adjustments and extractions)

Name _____

print full name of resident

Signed _____ Date _____

OR FOR SUBSTITUTE CONSENT BY APPOINTED GUARDIAN, MEDICAL AGENT, OR RELATIVE

I, _____ (_____)

print full name of person giving substitute consent

relationship to resident

of _____

address

contact phone number

I give consent for a dental examination and/or up to \$400 of further treatment in the event that emergency treatment/pain relief is required (includes restorative, denture adjustments and extractions)

name of resident _____

Signed _____ Date _____

A routine dental examination typically will involve a comprehensive inspection of the teeth, gums, dentures and implants, x-rays and cleaning as required. In emergency situations the dental examination aims to provide relief of pain where possible and provide further treatment options.

PAYMENT METHOD

Credit Card _____

card number

or DVA Gold Card _____

card number

name on card

Expiry

or Cheque _____

Please do not hesitate to contact staff with any enquiries

The Village Dentist at Anglican Retirement Villages, Castle Hill 2154 • 8820 3047



Consent Explained

- A patient can only consent if they have the capacity to do so.
- It is often difficult to assess if a patient has the capacity to understand the general nature and effect of information provided by the dental team. Early onset dementia is an example.
- A multidisciplinary approach may be necessary to assess a patient's competence to consent to treatment.
- We assume every patient in spite of age, disability, appearance, behavior, medical condition (including mental illness), beliefs apparent inability to communicate or the fact we may disagree with their decision, has the capacity to decide whether to agree to or decline dental treatment. Except when it can be shown by clinical assessment they do not have the capacity to make such a decision.
- No capacity means a substitute decision maker is required. This is a person to law recognises as being able to provide consent on behalf of the patient.
- Before consent is sought from a substitute decision maker the following must be explained:
 1. The particular condition the patient has that requires treatment.
 2. The nature of the proposed treatment and its effects.
 3. The risks.
 4. Alternative treatment.
- The Guardianship Act (1987) now establishes a hierarchy of persons called 'a person responsible who can consent to treatment on behalf of the patient (assuming the patient does not have the capacity).' These are:
 1. An enduring guardian appointed by the patient to make decisions about health care.
 2. The most recent spouse or defacto spouse if the relationship is close and continuing
 3. An unpaid carer who is now providing support to the person or provided support before the person entered residential care (**so this excludes paid carers in a nursing home**)
 4. A relative or friend who has a close personal relationship with the patient.