



**Thurloe
Street
Dental.**

Thurloe Street Dental

10 Thurloe Street
South Kensington
London SW7 2ST

T. 020 7584 6421 / 5551

enquiries@london smiles.com

www.london smiles.com

CONSENT FORM FOR DIRECT ACCESS TO A HYGIENIST

Patient Name: _____

Address: _____

I accept the following:

- I have been offered the opportunity to have a dental examination and have declined at this stage.
- I have requested an appointment with the hygienist only.
- I understand that this is not the equivalent of the full dental examination.
- I understand that I will not receive any complete diagnosis of dental decay or other issues.
- I understand that I will not receive a treatment plan which involves the treatment of my whole mouth.

Patient signature

____/____/____

Date