



Hume Dental Group
1 Katryn Street, Fawkner Vic 3060
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ABN: 90 109 826 066

Cosmetic Dental Treatment Consent Form

(Please complete with three patient identifiers: Full Name, Date of Birth, and Contact Number/Address)

Patient Name: _____
Date of Birth: _____
Phone/Address: _____

Treating Dentist: Dr. _____
Date: _____

Treatment Information

You are choosing to undergo **cosmetic dental treatment**, which may include whitening, veneers, bonding, reshaping, or other aesthetic procedures. Cosmetic treatment improves appearance but may not change the function of the teeth.

Important Information

- Cosmetic treatment is **elective** and done by patient choice.
 - Some procedures may involve removing tooth structure.
 - Results vary depending on tooth colour, shape, and natural anatomy.
 - Maintenance or replacement may be needed in the future.
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Risks and Possible Issues

I understand that:

- ☐ Sensitivity may occur after whitening or cosmetic work
- ☐ Veneers, bonding, or cosmetic restorations may chip or stain over time
- ☐ Gum irritation or temporary discomfort may occur
- ☐ Colour matching may not be exact
- ☐ Changes may be irreversible if tooth structure is removed
- ☐ Further treatment may be required to maintain results



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Alternatives Discussed

- ☐ No cosmetic treatment
- ☐ Other cosmetic options
- ☐ Referral to a specialist if required

Patient Responsibilities

- Maintain good oral hygiene
- Attend regular check-ups and cleans
- Follow instructions for aftercare and maintenance

Consent

I confirm that:

- The cosmetic treatment, risks, and alternatives have been explained to me.
- I understand this treatment is elective and results cannot be guaranteed.
- I consent to proceed with cosmetic dental treatment at Hume Dental Group.

Patient Signature: _____ **Date:** _____
Dentist Signature: _____ **Date:** _____