

BACD Cosmetic Consultation Protocols and Consent Forms



British Academy of
Cosmetic Dentistry

Introduction to BACD Cosmetic Consultation Protocols and Consent Forms

A methodical approach to the treatment planning, informing and consenting of patients for cosmetic dental treatment is essential. By following such an approach, you can ensure that the best course of treatment is advised for each patient, and that the patient is fully informed of all the options and potential complications. By documenting the process, any patient complaint becomes much less likely, but should it arise, it could be used as strong supportive material.

The protocols and consent forms provided by the BACD are meant as a guide only, and should be amended to each patient's particular needs.

In particular it should be noted that for consent to be valid, it must be specific to an individual situation and to an individual patient.

In order for a patient's consent to be valid, they must understand in advance of the treatment being provided:

- The purpose of the treatment
- The nature of the treatment – exactly what it involves
- The likely effects and consequences
- Risks, limitations and possible side effects
- Alternatives
- Costs

A patient must also be free to decide not only what treatment they will receive, but also when and from whom. They must not be pressurised into making a decision quickly, nor must they be led to believe that the potential provider has a particular (or specialist) expertise or experience, when this is not in fact the case.

As well as adapting the generic Cosmetic Dental Treatment Consent form to the individual patient, additional consent forms will need to be used or incorporated for areas such as Sedation, Tooth Whitening and Periodontal Surgery.

The assessment process described is an ideal protocol. It has been designed to be used routinely but requirements could vary for each patient that presents. It is advisable to follow it as closely as possible for every patient. The BACD accepts no responsibility for loss occasioned by anyone using or not using this resource.

Cosmetic Consultation Protocol

It is imperative that when patients seek elective cosmetic dentistry, that they are fully informed of all the options available, and the advantages and disadvantages of each option. In order to do that, full records must be made and documented.

Some of these records may be made at a preliminary consultation, or delegated to ancillary team members, but should be available for the definitive cosmetic consultation.

They should include:

MEDICAL HISTORY

A full medical history should be taken and signed by the patient.

SOCIAL/DENTAL HISTORY

A full social/dental history should be taken as per the Consultation Record. This should include reasons why they want cosmetic dentistry in general, and factors which may affect the timing of the treatment. These factors may be positive, such as an impending wedding, birthday, or negative such as depression. This knowledge will help you assess the suitability of the patient for cosmetic dental treatment.

COSMETIC TREATMENT HISTORY

This gives an insight into what previous cosmetic treatment the patient has received, and how happy they are with the outcome. One of the most

important decisions to make is who not to treat. Patients with unrealistic expectations, and patients with psychological problems should be avoided. It is important to identify patients for whom cosmetic dentistry is not the best course of action, and counsel them appropriately.

RADIOGRAPHS

Radiographs can only be prescribed by the dentist after assessing the patient to confirm the need. Appropriate radiographs should be taken of all teeth involved in the treatment plan, and any other teeth that are heavily restored, and may impact on the treatment or on the overall long-term prognosis.

PHOTOGRAPHS

Sufficient photographs should be taken to allow the dentist and patient to fully assess the present smile in detail. It is advised that the fifteen BACD views are taken, plus other views that may be appropriate to the specific patient.

STUDY MODELS OR 3D DIGITAL SCANS

These should as a minimum show accurate interocclusal relationship and for more complex cases should be articulated on a semi-adjustable articulator, ideally with a face-bow mounting.

1. CONSULTATION

1.1 Patient Factors

PROCEDURE AWARENESS

Any cosmetic consultations at other practices..... Yes / No
Pictures brought to consultation..... Yes / No
Patient research on cosmetic treatments..... Yes / No

PATIENT'S WISH LIST

Natural colour..... Yes / No
Lighter but believable..... Yes / No
Hollywood white..... Yes / No
Individual tooth position change..... Yes / No
Wider smile..... Yes / No
Reduce overjet..... Yes / No
Reduce overbite..... Yes / No
Reduce excessive gingivae..... Yes / No
Symmetrical gingivae..... Yes / No
Remove Cant..... Yes / No
Centre Midline..... Yes / No
Timescale important..... Yes / No

END RESULT

Small improvement..... Yes / No
Large improvement..... Yes / No
Perfect..... Yes / No

1.2 Social History

Occupation: _____
Smoker..... Yes / No
How many a day? _____
Relevant lifestyle factors: _____
Any forthcoming event: _____

1.3 Dental History

Date last saw Dentist Hygienist _____
Nervous..... Yes / No
Oral hygiene..... Good / Fair / Poor

PREVIOUS TREATMENTS

TMJ treatment..... Yes / No
Orthognathic surgery..... Yes / No
Occlusal treatment..... Yes / No
Periodontal treatment..... Yes / No
Orthodontics..... Yes / No
Tooth whitening..... Yes / No
Implants..... Yes / No

IMMEDIATE PROBLEMS

Pain..... Yes / No
Bleeding..... Yes / No
Recurrent fracture/loss of tooth/cavities..... Yes / No
Headaches / Migraines..... Yes / No
Appearance..... Yes / No

2. OCCLUSION

2.1 TMJ and Muscles

EXTRA-ORAL:

TMJ

Pain..... Yes / No
Clicking..... Yes / No
Locking Yes / No
Limited opening Yes / No
Deviation on opening Yes / No

TENDER MASTICATORY MUSCLES

Temporalis..... Yes / No
Masseter Yes / No
Medial Pterygoid..... Yes / No
Lateral Pterygoid..... Yes / No

2.2 Occlusal Analysis

SKELETAL BASE

Class I / II / IIIMild / Moderate / Severe

DENTAL BASE

Class I / II div 1 / II div 2 / III Mild / Moderate / Severe
Overbite..... mm
Overjet mm

WEAR

AnteriorMild / Moderate / Severe
Posterior.....Mild / Moderate / Severe

SIGNS OF PARAFUNCTION

Linea alba..... Yes / No
Lingual Tori Yes / No
Crenulated tongue Yes / No
Abfractions..... Yes / No
Fremitus Yes / No
Centric relation Verifiable / Non-verifiable
Slide V/h or H/v
Envelope of function..... Restricted / Non-restricted

GUIDANCE PRESENT

Anterior Yes / No
Right Lateral..... Yes / No
Left Lateral Yes / No
Protrusive..... Yes / No

INTERFERENCES PRESENT

Working side..... Yes / No
Non-working side Yes / No

OPEN BITE

Anterior Yes / No
Posterior..... Yes / No

CROSSBITE

Teeth involved

3. BIOLOGICAL AND STRUCTURAL ASSESSMENT

3.1 Periodontal

- Oral hygiene..... *Excellent / Fair / Poor*
- Stains/Calculus present..... *Yes / No*
- Bleeding on probing *Yes / No*
- Pockets > 3 mm present *Yes / No*
- Recession *Yes / No*
- Furcations *Yes / No*
- Tooth mobility *Yes / No*
- High frenal attachments *Yes / No*
- Gingivae displayed at rest..... *mm*
- Gingivae displayed on full smile..... *mm*
- Gingival symmetry *Yes / No*
- Gingival type *Thick / Thin*
- Ridge defect..... *Yes / No*
- Gingival discoloration..... *Yes / No*
- Black triangles..... *Yes / No*

3.2 Dental Assessment

- Caries _____
- Defective Restorations _____
- Fracture Lines _____
- Need for Cuspal Coverage _____

3.3 Soft Tissue Assessment

EXTRA-ORAL

- Cervical Lymph nodes..... *Yes / No*

INTRA-ORAL

- Mucosal pathology..... *Yes / No*

3.4 Radiographs

- Periapical _____
- Bitewings _____
- Panorol _____

RADIOGRAPHIC FINDINGS:

- Caries _____
- Apical Pathology _____
- Adequate Root Filling _____
- Inadequate Root Filling _____
- Periodontal Bone Loss _____
- Other Pathological Findings _____

RECORDS REQUIRED:

- Pulp Test *Yes / No*
- Biopsy *Yes / No*
- Facebow *Yes / No*
- Stick Bite *Yes / No*
- Digital Shade *Yes / No*
- Deprogram and Centric Relation Records . *Yes / No*
- Space – arch Analysis *Yes / No*

4. COSMETIC ASSESSMENT

4.1 Facial Factors

- Skin tone *Dark / Olive / Caucasian*
- Eyes *Blue / Green / Brown*
- Hair *Blonde / Red / Black / Brown*
- Nose
..... *Straight / Deviated to left / Deviated to right*
- Smile line parallel to
..... *Commisures / Ala's / Interpupillary line / None*
- Facial symmetry *Yes / No*
- Lip symmetry *Yes / No*

4.2 Smile Analysis

- Teeth visible on wide smile *6 / 8 / 10 / 12*
- Arch shape *Rounded / Square / Tapered*
- "E" position *Correct / High / Low*
- Lips at rest *Competent / Incompetent*
..... *Incompetent (trapped lip) potentially competent*
- Length of upper incisors visible at rest *mm*
- F-V position *Correct / Too lingual*
..... *Too labial / Lower lip overlap*
- Upper centre line:
 - Centre of Philtrum *Yes / No*
 - To left *mm*
 - To right *mm*
- Upper and lower co-incident *Yes / No*
- Cant of upper centre line *Straight / to left / to right*
- Upper lip line classification *Average / High / Low*
- Smile line *Parallel / Straight / Reverse*
- Upper incisors W:H ratio
..... *Correct / Too wide / Too narrow*
- Length of UR1 *mm*

- Length of UL1 *mm*
- Golden proportions analysis of U 3 – 3
..... *Correct / Incorrect*
- Crowding/Spacing *Mild / Moderate / Severe*

4.3 Tooth factors

- Current Shade
- Pt's desired shade
- Canting of occlusal plane
..... *None / Down to patient's left / Down to patient's right*
- Natural surface anatomy
..... *None / Light / Moderate / Extreme*
- Tooth Shape *Rounded / Square / Tapered*
- Embrasures *Square / Rounded*
- Diastema *None / <1mm / >1mm*
- Papillae in diastemata *+ve / Flat / -ve*
- Discolourations *Yes / No*
- Spots *Yes / No*
- Decalcifications *Yes / No*
- Surface defects *Yes / No*
- Chips *Yes / No*
- Wear *Yes / No*
- Positional defects *Yes / No*
- Overlaps *Yes / No*

CASE SUMMARY

Unsaveable teeth

Root canal therapy required

Periodontal therapy required

- Occlusion *Stable / Unstable*
- Equilibration required *Yes / No*
- Crowding *Mild / Moderate / Severe*
- Diastema closure required *Yes / No*
- Spacing *Favourable / Difficult*
- Contacts can be placed within 5mm of bony crest *Yes / No*
- Class II div 2 *Mild / Moderate / Severe*
- Class III *Mild / Moderate / Severe*
- Canines in lateral position *Yes / No*
- Implant candidate *Yes / No*
- Bonding/Crown/veneer candidate *Yes / No*
- Orthodontics or Pre- Alignment required *Yes / No*
- Surgery referral *Yes / No*
- Increase OVD *Yes / No*
- Need to move midline *mm to left / right*
- Need to remove midline cant *Yes / No*
- Need to alter incisal edge position *Yes / No*
- Need to alter tooth proportions *Yes / No*

DIAGNOSIS

Patient History and Psychology

Biologic and Structural

Occlusion

Cosmetic

TREATMENT PLAN

OPTIONS DISCUSSED:

No treatment:

Stabilisation:

- Dental hygiene therapy _____
- Caries removal _____
- Occlusal therapy _____
- Extractions _____

Reshape: _____

Reposition (Orthodontics): _____

Surgery: _____

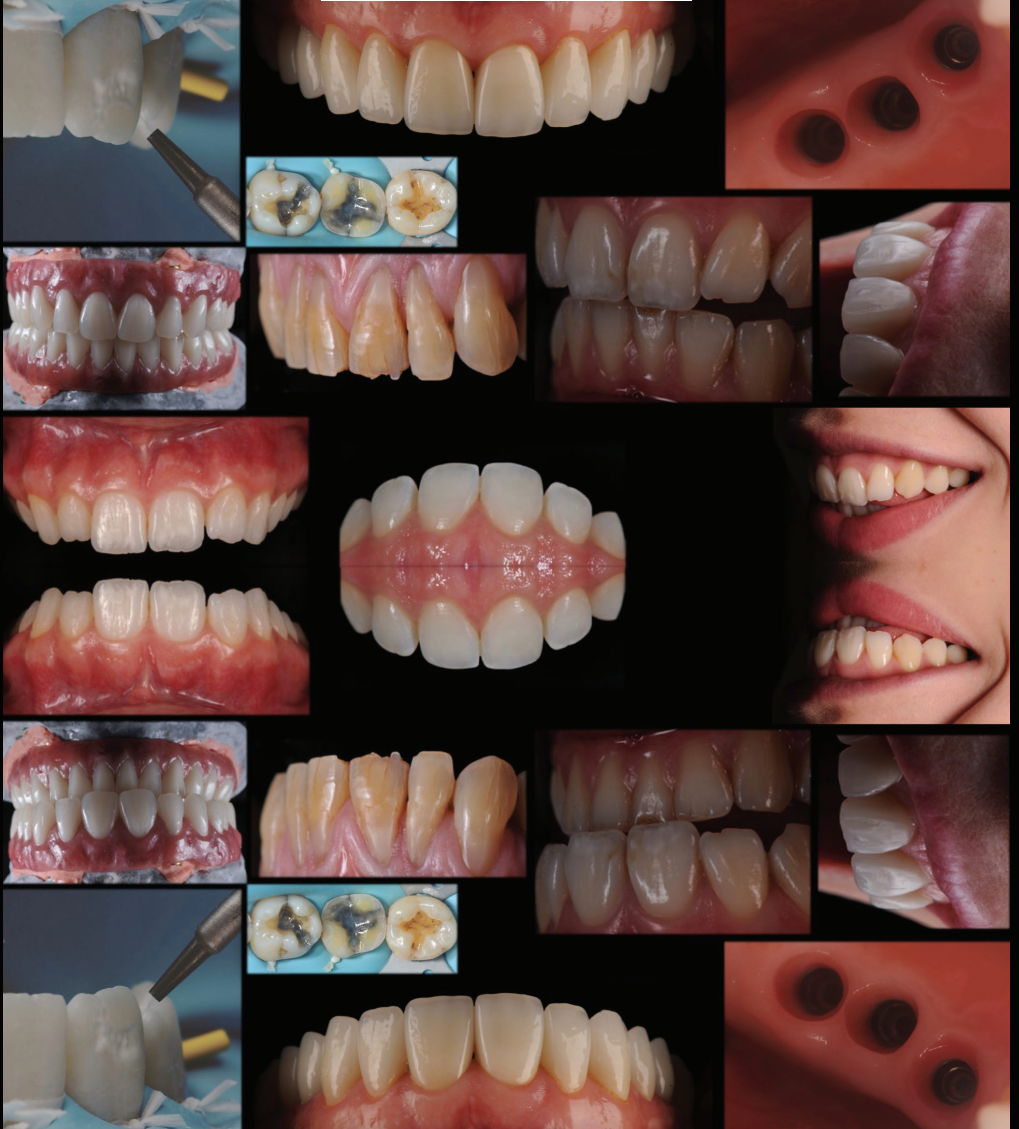
Referral to other specialist: _____

Restorative (*Bonding / Veneers / Crowns*): _____





British Academy of
Cosmetic Dentistry



Committed to excellence in ethical cosmetic dentistry



British Academy of
Cosmetic Dentistry

www.bacd.com info@bacd.com [f](#) [t](#) [@](#)