Dear ***(Patient Name) (DoB)***

It was a pleasure meeting with you on ***(date)*** for your dental consultation.

I am writing to provide further information about your upcoming treatment appointment with myself, involving removal of the existing restoration and assessing the tooth for suitability for further treatment, namely ***(specify tooth, e.g. lower left first molar, LL6)***. Your understanding of the procedure and what is involved is essential, and within this letter I will outline all the information you will need. An estimate has been provided to you confirming the cost for the investigation appointment.

**The existing situation**

The tooth in question has an existing ***(large filling or a crown)*** with margins that are likely associated with decay underneath***. A clinical photo and x-ray of your tooth is attached for your reference.***

**What happens on the day**

Before we can decide on the long-term options of restoring the tooth predictably, we will remove the existing restoration and analyse the remaining tooth structure under magnification.

We will clean up any decay (if present), look for any cracks, an/or any unfavourable tooth structure present, which will allow us to evaluate the amount of remaining sound tooth.

This is a critical step in our evaluation process to determine whether your tooth can be predictably restored and saved through restorative procedures; or if extraction (tooth removal) and replacement is the best option.

**Possible outcomes of the investigation**

Following this, we will be able to determine one of three possible outcomes:

1. If the tooth can be saved:
	* If we determine that your tooth is savable, we will discuss and recommend the appropriate treatment options with you. These may include restoring your tooth directly i.e., via a filling (composite or amalgam); or, in some cases, restoring your tooth indirectly i.e. crowns/onlays (caps). Our goal is to effectively restore your tooth's function, appearance, and health long-term.
	* It may not be possible to carry out the definitive treatment for your tooth within the same visit, especially if the tooth requires restoration indirectly. If this is the case your tooth may be temporarily restored initially with the view to rebook for the definitive treatment.
	* The cost of the recommended definitive treatment option will be communicated with you at the end of the investigation appointment.
2. If the decay or crack are deep and involve the nerve chamber:
	* We will need to consider root canal treatment on the tooth.
	* The cost of root canal treatment can vary from ***£X to £Y.***
	* In some cases, following the root canal treatment, the tooth may also require cap (crown or onlay). The costings of this will be provided to you on the day.
3. If the tooth cannot be saved, extraction (and/or replacement options) of the tooth will be indicated and discussed.
	* If the tooth cannot be predictably restored due to extensive damage or other factors, we will discuss the need for extraction (tooth removal) and replacement options. Extracting the tooth may be necessary to prevent further complications and maintain your overall oral health.
	* Time permitting, we may be able to extract the tooth on the same day or book you in for a separate visit for the extraction.
	* The cost of extraction can vary from ***£X to £Y.***

**Case example**

I attach a case example of a recent case I had completed. During the appointment, we were able to isolate and build the tooth in a temporary filling material. In subsequent appointments, the patient was booked to have a crown placed on the tooth.



**Concluding remarks**

I hope the above information has helped in understanding the plan going forward. **Kindly please return a signed copy of the attached consent form to our lovely reception team prior to your next appointment.**

Please do not hesitate to contact us if you have any questions or concerns regarding the next appointment or any other aspect of your dental care. Thank you for entrusting us with your dental care, and we look forward to assisting you in achieving and maintaining your oral health.

Kind regards,

***Dentist Name***

***Qualifications***

**Consent Form for Investigation/Restorability Assessment Appointment**

**Procedure**: Investigation and Restorability Assessment of the tooth as outlined in the letter above

**Nature of the Procedure:**

The dental restorability assessment may include, but is not limited to, the following procedures:

* Visual examination of the tooth.
* Diagnostic imaging, such as x-rays or other imaging modalities (if not already carried out).
* Pulp tests (to assess if tooth nerve is alive or not).
* Evaluation and removal/dismantling of existing dental restorations.
* Assessment of the structural integrity of the tooth.
* Examination of the surrounding tissues.
* Procedure to be carried out under local anaesthetic.

**Benefits of treatment:**

* Improved accuracy in diagnosis of any dental issues.
* Provision of a personalised treatment plan/ the most appropriate guidance and treatment options tailored to your oral health needs.
* Improved understanding of the feasibility and potential success of restorative procedures. Removal of any disease including dental decay / unfavourable tooth structure.

**Risks of Treatment:**

* Discomfort or pain during or post-operative of the assessment procedures.
* Unrestorable tooth following dismantling and removal of any previous restorations/unfavourable tooth structure.
* Rare complications such as infection, bleeding, or allergic reactions.

**Alternative treatment options:**

* Do nothing: Leave and Monitor – this option would not address the problem and can lead to ongoing risk of disease including decay, pain, swelling, spread of infection, abscesses and eventual tooth loss.
	+ It is important to note that if left and disease progresses, a restorability assessment / any attempt saving the tooth in the future may not be an option.

**Financial Responsibility:** I understand that there may be associated costs with the dental investigation appointment, and I am responsible for any fees related to this procedure. I have been informed of the estimated costs, and I agree to make payment as required by the dental practice. Costings for all additional work required will be provided at the end of the investigation appointment, subject to our findings.

**Questions and Concerns:** I have had the opportunity to ask questions about the dental restorability assessment, and my questions have been answered to my satisfaction.

**Consent:**

* I have read and understand the information provided in this consent form.
* I consent to undergo the investigation of the tooth (restorability assessment) as described above.
* I understand:
	+ I have the right to change my mind at any time, even after signing this form.
	+ The risks of the procedure, alternative treatments, and the consequences of doing nothing have been explained.
	+ I have been given a copy of this consent form and have had sufficient time to give my informed consent.
	+ I must follow any post-operative instructions given to me.
	+ By attending appointments and allowing treatment to be carried out shows I have consented to treatment.

**Patient’s Signature:** ................................................................. Date.....................................