



Patient Name:

Dentist name:

(please sign and return form)

Occlusal Equilibration – Patient Instructions and Informed Consent Form

Instructions:

1. Please wear your appliance as much as possible leading up to the day of equilibration, particularly at night. If there is any discomfort or anything that prevents you wearing your appliance please make sure your dentist has an opportunity to put it right in good time.
2. Your dentist will give you two Banthine tablets – these are required to make your mouth dry during the equilibration procedure. This is very important so that we can reliably mark the places where your teeth meet without the ink being washed away by saliva.

You should not take these tablets if you are pregnant or breast-feeding, if you have a prostate problem or if you have glaucoma.

If you normally wear contact lenses please do not wear them until the effects of the tablets have worn off (about 4 hours), bring your spectacles if necessary.

Please take the tablets 1 hour before your scheduled appointment (either 9am or 1pm) i.e. at 8 am or 12 noon.

Information:

1. Occlusal equilibration involves minor reshaping and polishing of your natural teeth. The amount of enamel removed is extremely small.
2. Equilibration aims to make teeth fit together better and sharpen them; it does not involve flattening or grinding down teeth.
3. During treatment teeth can become sensitive, but this will quickly subside as the equilibration progresses. You will not require local anaesthetic for this procedure.
4. It is normal to become quite aware of the way your teeth bite together for a short time after equilibration.
5. Your teeth will feel different and possibly slightly rough – this is normal and will quickly subside.
6. Your dentist will review your equilibration and further minor adjustments may be necessary, but none should be done in the first 2 weeks following equilibration.

Consent:

I consent to undergoing a course of Occlusal Equilibration. I have read and understood the above information.

I understand that I will be treated on a postgraduate education course and my treatment will be supervised by of Stockport Dental Seminars. (delete as appropriate)

Patient

Signed:

Name:

Date:/...../2010

Dentist

Signed:

Name:

Date:/...../2010