WREA GREEN DENTAL PRACTICE

OUR PRACTICE POLICY

Our practice aims to provide treatment of a consistently high quality with adequate time devoted to your care in a relaxed and comfortable environment.

We focus strongly on preventive dentistry – the best way to avoid potential problems and keep costs down.

In proposing treatments, we will take account of your wishes and will explain options and possible alternatives as well as discuss costs with you, enabling you to make an informed choice. We will give you a written treatment plan.

We will do all we can to look after your general health. We will keep an up-to-date medical history enabling us to treat you safely. We will respect your confidentiality.

All dental professionals in the practice take part in continuing professional development through postgraduate training, clinical audit and peer review so that we can keep up-to-date with the latest developments in dentistry. All personnel providing treatment are registered with the General Dental Council.

We do expect patients to take on responsibility for their own dental care, especially between visits and to take heed of advice that we give them regarding oral hygiene, diet and preventive measures. We advise that you keep regular check-up appointments every six months.

Where possible we will send out reminders about forthcoming appointments. Surgery time and facilities are devoted entirely to your care.

We have systems for dealing promptly with patient complaints and for ensuring lessons are learnt from any mistakes that we make.

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YOUR FIRST VISIT

Any patient visiting the practice for the first time is invited to undergo an initial consultation. This will take around 30 minutes and is vital so that we gather information about you so that we can properly plan for your future dental care. This initial assessment includes:

- Full medical history – please bring along a list of any current medication
- Full dental history – details of previous dental treatment
- Initial examination
- Initial treatment plan with estimate of costs
- Discussion

Prior to your first visit please complete the following questionnaire:

Name .....

Address .....

..... Postcode .....

Home tel ..... Work tel .....

Mobile .....

Occupation .....

Approximate date you last visited the dentist .....

Do you have any dental pain/discomfort? ◯ Yes ◯ No

If yes, please provide details: .....

Are your happy with the appearance of your smile? ◯ Yes ◯ No

Is there anything about your smile you would like to change? ◯ Yes ◯ No

If yes, please provide details: .....

Would you like to have whiter teeth? ◯ Yes ◯ No

Do your gums bleed when you brush your teeth? ◯ Yes ◯ No

How did you hear about Wrea Green Dental Practice? .....