

Consent Form for CURODONT™ REPAIR Application

Patient Name: _____

Date of Birth: _____

Date: _____

Treatment Overview

CURODONT™ REPAIR is a peptide-based, non-invasive treatment designed to support the natural regeneration of enamel in early carious lesions. It promotes the formation of hydroxyapatite, the mineral component of enamel, to help stop the progression of early decay and encourage remineralisation.

Benefits of Treatment

- Studies have shown approximately 90% success in arresting early enamel caries.
- Approximately 40% of cases show regeneration of enamel structure through hydroxyapatite formation.
- Non-invasive and pain-free alternative to traditional restorative treatments.

Patient Responsibilities

The success of CURODONT™ REPAIR is closely linked to good oral hygiene and dietary habits. For best results, patients are advised to:

- Brush teeth twice daily with fluoride toothpaste.
- Use interdental cleaning tools (e.g., floss or interdental brushes) daily.
- Minimise consumption of sugary and acidic foods and beverages.

Risks and Limitations

- While highly effective in early lesions, CURODONT™ REPAIR is not guaranteed to stop all decay or regenerate enamel in every case.
- Success is dependent on patient compliance with oral hygiene and dietary recommendations.
- Deeper or progressing lesions may require alternative treatment, such as fluoride therapy, monitoring, or restorative dental procedures.

Alternative Options

The following alternatives to CURODONT™ REPAIR have been discussed with me:

- Ongoing monitoring without intervention
- Professional fluoride application
- Conventional restorative treatment (e.g., fillings), if lesions progress

Acknowledgement and Consent

I confirm that I have received and understood the explanation of CURODONT™ REPAIR, including its purpose, benefits, risks, and alternative options. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.

I understand that the outcome of the treatment depends on my adherence to oral hygiene and dietary advice, and I agree to follow the recommendations provided.

I consent to the application of CURODONT™ REPAIR as part of my dental care.

Patient Signature: _____

Date: _____

Clinician Name: _____

Clinician Signature: _____

Date: _____