



Sakura Platinum Dental Clinic

Treatment Consent Form

Thank you for choosing our clinic.

Before receiving treatment, please carefully review the following information.

The General Consent Form is required for all treatments.

A Procedure-Specific Consent Form is additionally required for certain treatments.

Please review the documents relevant to your treatment.

Treatment will only be provided to patients who have fully read, understood, and agreed to all contents.

If reviewing in advance, please (check) all boxes before your visit.

If reviewing on the day of your appointment, please provide consent via the medical questionnaire.

【For Patients Under 18】

Patients under 18 require parental / guardian consent.

(either a signed consent form or one guardian accompanying the patient)

Note : Both the General Treatment Consent Form and any applicable Procedure-Specific Consent Form are required.

General Treatment Consent Form

Please read carefully. Your understanding and agreement are required.

On the day of your visit, consent will be obtained via the medical questionnaire. Patients under 18 require guardian consent.

1. General Terms

- This consent applies to all treatments performed by our dentists and staffs.
- This consent remains valid during your treatment period. It will be renewed if significant changes occur or after one year.
- Additional procedure-specific consent forms may apply. If there is any conflict, the specific consent form takes priority.

2. Before Treatment (Medical Disclosure) *Note: Treatment may be postponed or modified if necessary.*

Please inform us in advance if you have:

Oral wounds or lesions/ Severe periodontal disease or untreated cavities/ Cold or infection symptoms/ Facial surgery within the past month / History of herpes/ Allergies (medications, latex, resin, metal, etc.)/ Pregnancy or breastfeeding/ Any medical condition or medication use

- You must provide accurate information regarding symptoms, medical history, past treatments, and medications.
- Failure to disclose information may increase medical risks. If safety cannot be ensured, treatment may be refused. The clinic is not responsible for complications caused by undisclosed or false information (except in cases of intentional misconduct or gross negligence).
- Personal information must be accurate and updated as required by law.
- Medication cannot be prescribed without examination.
- We may contact you regarding your appointment via phone, SMS, email, LINE, or other communication methods.

3. Effectiveness & Others

- Results vary by individual. No medical treatment guarantees 100% success.
- Outcomes may differ from expectations due to oral condition, lifestyle, or disease progression.
- By proceeding with treatment, you acknowledge understanding of potential risks.
- We explain risks, but individual reactions vary. The clinic assumes no liability for symptoms occurring during or after treatment.

4. Fees and Payments

- Fees are not result-based guarantees. No refunds or free re-treatment once services are provided.
- Fees for services already provided are generally non-refundable. Even if treatment cannot proceed, a diagnostic fee will apply (Treatment fees start from ¥33,000 during regular hours.).
- Additional treatments are charged as usual (including material and technical fees). Legal exceptions apply only for gross negligence.

5. During Treatment

- X-rays are generally required (including first visits). Digital X-ray follows ALARA radiation safety standards.
- If communication is unclear, treatment may be postponed.
- Patients may request to stop treatment; performed procedures will still be charged.
- Treatment plans and fees are estimates and may change if conditions change.

6. After Treatment

- Please confirm results before leaving; no free corrections or claims will be accepted afterward unless due to gross negligence.
- Post-treatment instructions will be provided verbally and/or in writing. (Results are not guaranteed.)

7. Additional Policies

- Harassment, threats, or abusive behavior will result in refusal of treatment.
- Damage to the clinic may result in legal action.
- We take clinical photos for records and our media (Web, SNS, etc.). Faces are cropped for privacy. If you prefer not to, please inform our staff.
- Arriving more than 10 minutes late without notice may result in cancellation.
- If you don't show up without notice, or cancel less than 48 hours before your appointment, a ¥11,000 cancellation fee will apply during regular hours. If you've already paid a deposit, it will be used as the cancellation fee. Future bookings may be restricted.

I have read and understood the Treatment Consent Form and agree to its contents. I agree to proceed with the proposed treatment.

Date / / Patient Signature: _____ Guardian Signature (if applicable): _____

Both signatures must be handwritten and submitted at the time of your visit.

→Please also review the specific consent form on the next page or reverse side, depending on your treatment.

Procedure-Specific Consent Form : Teeth Whitening

Please read carefully. Your understanding and agreement are required. On the day of your visit, consent will be obtained via the medical questionnaire. Patients under 18 require guardian consent. (Under 16: No treatment available.)

1. General Terms

- This specialized consent applies in addition to the General Treatment Consent Form. Please ensure you have reviewed the general terms before proceeding.
- In the event of any conflict between this document and the General Treatment Consent Form, this Procedure-Specific Consent Form takes priority.

2. Expected Results and Limitations

- Individual Results: Results vary significantly based on tooth structure, oral health, lifestyle, and habits.
- No Guarantee of Shade: Shade guides are for reference only. We do not guarantee attainment of a specific shade or level of brightness.
- Existing Dental Work: Whitening only affects natural teeth. It is less effective on root-canal-treated teeth and will not change the color of fillings, crowns, or veneers. Any replacement of dental work to match your new shade will incur additional fees.

3. Potential Side Effects

- You may experience temporary tooth sensitivity, gum irritation, or white patches on soft tissues. These usually resolve within a few days to weeks.
- Pre-existing sensitivity may temporarily worsen.
- White Spots (Mottling): Existing white spots on teeth may become more prominent. They typically blend in over time, but any restorative treatment to correct them will be at the patient's expense.
- We explain risks, but individual reactions vary. The clinic assumes no liability for symptoms occurring during or after treatment.

4. Office Whitening (In-Clinic)

- Treatment Adjustments: If you experience pain during the procedure, staff may adjust the intensity or pause treatment. These are clinical decisions made for your safety; no refunds will be issued for adjusted sessions.
- Please wait at least one week between office whitening sessions.

5. Longevity and Maintenance

- The duration of whitening results depends on lifestyle (smoking, diet) and maintenance.
- Recoloration: Gradual staining over time is inevitable. We recommend professional touch-ups at least once every six months (additional fees apply).

6. Post-Treatment Care

- Post-treatment instructions will be provided verbally and/or in writing. (Results are not guaranteed.)
- To maximize results, we strongly recommend avoiding staining substances (coffee, red wine, tea, curry, smoking, etc.) for at least 24 hours after treatment.

7. Refunds and Liability

- Fees are not result-based guarantees. No refunds or free re-treatment once services are provided.
- Fees for services already provided are generally non-refundable. In particular, we do not accept refund requests for subjective reasons (e.g., shade, appearance, or satisfaction). Additional treatments are charged as usual (including material and technical fees).
- Please confirm results before leaving; no free corrections or claims will be accepted afterward unless due to gross negligence.

I have read and understood the Treatment Consent Form and agree to its contents. I agree to proceed with the proposed treatment.

Date ___ / ___ / ___ Patient Signature: _____ Guardian Signature (if applicable): _____

Both signatures must be handwritten and submitted at the time of your visit.