



# Sakura Platinum Dental Clinic

## Treatment Consent Forms

Thank you for choosing our clinic.

Treatment is provided only upon full agreement to our consent forms.

1. Please check the correct form for your treatment:

- For **Whitening**: Please review the "**Treatment Consent Form (Whitening)**"
- For Other Treatments: Please review the "Treatment Consent Form (General)"

2. Please provide your consent in one of two ways:

- In Advance : Print, check (☑) all items, and bring the form with you.
- On-site : Review all and sign the required forms at the clinic.

[Minors (Under 18)] Parental consent is mandatory (signed form or accompaniment by one parent).

# Treatment Consent Form (General) Note: For Whitening: > See back or next pages for the specific consent form.

Full understanding and consent to all terms are mandatory. Advance: Check all boxes and sign. On-site: Agree via our questionnaire or designated forms. Under 18s: Parental consent required.

## 1. Scope of Application

- This consent applies to all treatments performed by our dentists and staff, except where a specific consent form is provided.
- This consent remains valid during your treatment period. It will be renewed if significant changes occur or after one year.

## 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

Accurate medical history and medications are mandatory. We may refuse treatment for safety. Complications due to false or incomplete disclosure will be the patient's responsibility (charged service), except in cases of our willful intent or gross negligence.

Personal information must be accurate and updated as required by law.

Medication cannot be prescribed without examination by law.

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.

## 4. About the Treatment

X-rays are generally required (including first visits). Digital X-ray follows ALARA radiation safety standards.

Treatment may be postponed or declined if clear consent cannot be confirmed.

Both patients and staff may stop treatment for safety or medical reasons. Fees for services rendered remain payable.

Treatment plans and fees are estimates and may change if conditions change (Prior explanation given when possible).

## 5. Notes

Requesting treatment implies your full consent to the explained risks as well as any other inherent medical factors.

We explain risks, but individual reactions vary. The clinic assumes no liability for symptoms arising from treatment.

## 6. After Treatment

Post-treatment instructions will be provided verbally and/or in writing. (Results are not guaranteed.)

## 7. Post-Treatment: Confirmation, Liability, and Fees

Fees are not result-based guarantees. No refunds or free re-treatments are provided, regardless of the outcome.

Fees for services already provided are generally non-refundable. No refunds are provided for subjective reasons, such as personal preference or appearance. Additional treatments are charged as usual (including material and technical fees). Even if treatment cannot proceed, a diagnostic fee will apply (Treatment fees start from ¥33,000 during regular hours.).

Please check the results in a mirror before leaving. Any concerns must be raised on-site.

Except for cases of gross negligence, we do not offer free re-treatment or compensation, especially after you have left the clinic.

## 8. Additional Policies

Harassment (verbal abuse, threats, or defamation) is strictly prohibited. We may decline or stop treatment for such conduct.

We will take legal action and seek compensation for any defamation, injury, property damage, or other related acts.

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.

10+ min late (no notice) will be canceled. With notice, treatment may be shortened or rescheduled based on availability.

Change 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.

Sakura Platinum Dental Clinic 5F/6F Miami Bldg., 2-22-13 Shibuya, Shibuya-ku, Tokyo 150-0002, Japan

I have read and understood all terms, including safety and risks, and hereby request treatment. Date      /      /     

Patient : \_\_\_\_\_ Guardian: \_\_\_\_\_ *Mandatory for both: Bring a pre-signed form or sign on-site.*

→Note: For whitening, please see back or next page.

## Treatment Consent Form (Whitening)

Full understanding and consent to all terms are mandatory. Advance: Check all boxes and sign. On-site: Agree via our questionnaire or designated forms. Under 18s: Parental consent required. (Under 16: No treatment available.)

### 1. Scope of Application

- This consent applies to our In-office Whitening performed by our dentists and staff.
- This consent remains valid during your treatment period. It will be renewed if significant changes occur or after one year.

### 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
- Accurate medical history and medications are mandatory. We may refuse treatment for safety. Complications due to false or incomplete disclosure will be the patient's responsibility (charged service), except in cases of our willful intent or gross negligence.
- Personal information must be accurate and updated as required by law.
- We may contact you regarding your appointment via phone, SMS, email, LINE, or other communication methods.

### 3. Effectiveness & Others

- Results vary by individual. Shade guides are for reference only. Results and target shades are not guaranteed.
- Improvement may be limited for certain types of discoloration, such as tetracycline staining.
- Whitening primarily affects natural teeth. Teeth with root canals show minimal results. Fillings and crowns will not change color. Any replacement of dental work to match your new shade will incur additional fees.
- Duration of results vary individually based on lifestyle (diet, smoking), self-care, and maintenance.
- Re-staining is inevitable. Paid touch-ups are recommended at least every 6 months to maintain results.

### 4. Office Whitening (In-Clinic)

- If pain or sensitivity occurs, staff may adjust settings or stop treatment. These are medical decisions; results and refunds are not guaranteed (except for cases of gross negligence).
- A 1-week interval is required between office whitening sessions.
- Patients with photosensitivity cannot receive office whitening.

### 5. Ineligible Patients

- Ineligible: Acatalasemia, under 16, pregnant/nursing, severe tooth decay, gum disease, or at dentist's discretion.

### 6. Notes

- Rare side effects (tooth pain, sensitivity, gum irritation, swelling) are usually temporary and resolve in days or weeks.
- Existing sensitivity may worsen, or new sensitivity may develop.
- White spots on teeth may become more visible. They usually blend in within weeks or months. Any corrective treatments (e.g., fillings) are at your expense.
- Requesting treatment implies your full consent to the explained risks as well as any other inherent medical factors.
- We explain risks, but individual reactions vary. The clinic assumes no liability for symptoms arising from treatment.

### 6. After Treatment

- 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. Post-Treatment: Confirmation, Liability, and Fees

- Fees are not result-based guarantees. No refunds or free re-treatments are provided, regardless of the outcome.
- Fees for services already provided are generally non-refundable. No refunds are provided for subjective reasons, such as personal color preference or appearance. Additional treatments are charged as usual (including material and technical fees).
- Please check the results in a mirror before leaving. Any concerns must be raised on-site.
- Except for cases of gross negligence, we do not offer free re-treatment or compensation, especially after you have left the clinic.

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