



Dental Hygiene Education Clinic Consent for Treatment Form

Our primary function is to train students to perform dental hygiene services for patients in a professional, ethical, and legal manner. As a patient, you must agree to have the services provided by this clinic as deemed necessary by a clinic instructor to provide optimum healthcare for you and the necessary learning experiences for the student.

You must also agree to come for as many appointments as are necessary to complete your treatment, and to contact the clinic within 24 hours of your scheduled appointment, if you find you are unable to keep that appointment.

The “Dental Hygiene Education Center Policies” have been presented and explained to me. I understand that any of the following procedures may be performed:

- A. A complete Medical/Dental History
- B. Vital Signs – Blood Pressure, Temperature, Pulse, Respiration
- C. Intra/Extra Oral Examination
- D. Dental Radiographs, as needed
- E. Plaque Indices
- F. Dental Charting
- G. Periodontal screening and recording and/or Periodontal charting
- H. Home Care Instructions
- I. Scaling of hard deposits and/or Soft deposit debridement
- J. Selective polishing using a motor driven hand piece or air-polisher
- K. Fluoride treatment
- L. Impressions for Study Models, bleaching trays, or fabrication of oral appliance
- M. Oral irrigation, use of antimicrobials, or placement of periodontal medicament
- N. Sonic or Ultrasonic scaling
- O. Amalgam polishing
- P. Pit and fissure sealants
- Q. Application of topical and/or local anesthesia
- R. Photographs for documentation or educational purposes

In consideration of services provided by the Dental Hygiene Education Center Clinic, I hereby release and agree to save harmless South Florida State College, its trustees, instructors, employees and students, and any other person connected with the services from any and all claims, damages, and causes of action that may arise from provision of the services described above, and from any other care provided while I am (or my child is) a patient in this Clinic.

This consent will remain in effect until I inform the SFSC Dental Hygiene Education Center that I am withdrawing my consent for any service in writing.

Date

Signature

Printed Name