

Consent to Dental Hygiene Patient Acceptance

\$ V D SDWLHQW RI DWK H\Q&Q W& OHQOW R DWXQGHUVWDQG

7UHDWPHQW SURFMKIDQ IPQRUDH SVQLRWDQHH VRH LLYFLHF W\QDFUHH U H Q G H U H G
WKH VXSHUYLVLRQ RI OLFHQVHG SXURHMVFVDQQB\VE H&R RSDOB\WRIQI GR
SHULRG RI WLPH *HQHUDOO\ SUHHYH QWKLRYXHUW LIQD\W\IPQI QWK DDSQ\\$GR LSQDM
YLVLW WKH FOLQLF IRU PXOWLSO HD YDS SVRLPCHWB\HDLQWOD E2QHO\RSJD W KHC
DFFHSWHG DV FOLQLF SDWLHQWV

7KH &OLQLF LV D VDIH SODFH WIRQSHU RDWBLH 7DKQHG&IOIH QH E YIHR OGHQZWDW
DQG SURIHVVLRQDO VWDQGDUGV UHFRCGP HWKQGHG \$P RI U WKDHQ & HQ VZB D QS \$
LQ WKH SUHYHQWLRLQ RI LQIHFWRQV GLVHDVHV DQG EORRG ERUQI

6WXGHQWV KDYH D FHUWDLQ D PWKQ WU RF OW QP LF DVH W HDXVLG JH PWRQ WR F
WLPH OLNH \RXUV LV YDOXDEOH S DRMLP QW EIRLUG DVQR LRIV W\Q HD VR ID OFR
RU PRUH FDQFHOO DWLRQV FR Q\ISVRWQ Q\W HQDWWHQW VQH D\W MO X UKHR WIR
WR FRPSO\ ZLWK &OLQLFDO DQG &ROOHJH SROLFLHV

6 HUYL FH V SURY LG HG DU H FR QV L G H M H FG LS QU H QD H M Q X A U D H W L S B I W D B Q W Q
UH F R P P H Q G HG WR V H H N D G G L W L R Q D H Q V F D O H F D U L R Q P F D T S K U L V Y D & V H Q G F
S U H Y H Q W L Y H W U H D W P H Q W V Z K L L B I R P D C H I Y L H Q W R H S Q Q H G R W R S U S R J H U M H Q M
U H S O D F H U H J X O D H U Q W L S Y H F I G D H Q W M D D Q R D M H W G Z K Q F M D G L Q L V H D V H V F R Q G I
W U H D W P H Q W I R U W K R V H F R Q G L W L R Q V

\$OO UHFRUGV DUH WKH SURSHUW\$KRV WKHGX & R@Q@H@VK RDZHG@ HMK HU@
H[DPLQDWLRQ PD\ EH VHQW WR \RXU SULYDWH GHQWLW XSRQ UH
WHDFKLQJ UHVHDDQG FSWKEOUFHQWLWLRQ & QSOXH SHR V H

7UHDWPHQW LV SURYLGHG LQ FRQVLGHUDWH UHVSHFWIXO DQG F
DFFXUDWH DQG IDFWXDO LQIRUPDW\LRQ HUGHJFDUDQG IDQJG VGKHLQWDIOX KU
SUHVFULSWLRQ DQG RYHU WKH FRIXRQWHDQ\RHQ RIEDWIR QW DQHHW\BGL
FRQGXFWHG DW HYHU\ YLVLW DQG SD\MM\NQ\VL QI\RVMP DS\LLRQQL GMR P
SUHYHQWDWLHYH PHDXUHV DQG WUHDWPHQW SODQQQLQJ LV PDLQW

\$OO VHUYLFHV DUH SURYLGHG &W \$DUWRWHQG BQG TRKHF BWRRIJU BTP XULWU
UHIXVH WR SURYLGH WUHDWPHQW LI WKH SDWLHQWV GRHV QRW
OLQLF ZLOO UHFRPPHQG DQG H[SRVH [UD\V EDVHG RQ LQGLYLGX
/XDLQHDOUQHV WKDW PLQLPL]H UDGLDWLRQ H[SRVXUH WR SDWLHQWV

I am accepted as a patient in MCCC's Dental Hygiene Clinic. I agree to provide my medical and dental history and authorize the College to perform dental procedures as necessary.