

## Patient Consent Form

**Please read the following information carefully so that you will understand the conditions under which patients are treated at this clinic.**

1. As a consenting adult, I agree to permit the students, faculty, and staff of BCC Dental Hygiene Clinic to provide dental hygiene services to myself, my child, or my legal ward. This is an educational setting; therefore, students will complete all procedures under the supervision of faculty. Faculty reserve the right to determine the clinical and instructional appropriateness of each patient.
2. I understand that treatment at BCC Dental Hygiene Clinic will proceed more slowly than in a private dental office since students' services are carefully checked by faculty members. I also understand that appointments may be up to three hours long and that I must be prepared for multiple appointments to complete my dental hygiene treatment. Although it is the goal to complete all dental hygiene procedures for each patient, completion of all procedures cannot be guaranteed in any specified period of time due to the varying needs of patients and students.
3. I understand that it will be necessary to seek additional care from a dentist. Treatment rendered at the BCC Dental Hygiene Clinic should not be considered a substitute for comprehensive dental treatment.
4. I understand that BCC Dental Hygiene Clinic maintains the right to discontinue treatment for any appropriate reason.
5. Diagnostic aids are the property of the College. However, upon request, a duplicate set of x-rays may be sent to your dentist.
6. Students are required to obtain a medical and dental history of each patient prior

8. A donation of at least \$10.00 (or more) is suggested. This donation is used to help defray costs for clinical supplies.

**By signing below, I am indicating that I understand the terms of the consent agreement and that I give consent to BCC Dental Hygiene Clinic to perform those**