

COASTAL BEND COLLEGE
DEPARTMENT OF DENTAL HYGIENE
3800 Charco Road, Beeville, TX 78102 (361)354-2555

Patient Information & Consent Form

We welcome you as a patient in the Dental Hygiene Clinic at Coastal Bend College. The clinic is primarily for teaching purposes, but we also make every effort to meet the needs of the patient as well. The Coastal Bend College Dental Hygiene Department is non-discriminatory with regards to treating patients with infectious diseases; however, patients presenting with medical/health problems may require their physician's clearance prior to dental hygiene treatment. It is important that the following information be understood so that you are aware of what we expect.

SUPERVISION: The clinic is managed as a teaching unit. Clinical faculty include registered dental hygienists and clinic dentist(s). Their function is to educate and supervise the students, not to provide clinical services, such as diagnosis or treatment.

SERVICES: Treatment that can be provided in the dental hygiene clinic includes:

- | | | |
|------------------------------------|--|------------------------------|
| Medical & Dental History | Radiographs (x-rays) | Prophylaxis (cleaning teeth) |
| Oral Cancer Screening | Topical Fluoride | Periodontal Debridement |
| Vital Signs (blood pressure, etc.) | Pit & Fissure Sealants | Plaque Control |
| Periodontal Examination | Clean removable prosthesis (false teeth) | Nutritional Counseling |

Specific treatments are determined and supervised by clinical faculty.

TIME: Students usually proceed at a slower pace than graduate professional with more experience. Appointments are scheduled for two or more hours and the number of appointments is determined by the complexity of each patient's needs.

APPOINTMENTS: Students have specific clinical requirements and there is a limited amount of treatment time available. Broken appointments and late arrivals deny time for other appointments. Please be prompt. If cancellation is necessary, please give as much notice as possible to allow students to fill the appointment time. Three (3) cancellations and a/or no show may result in your termination as a dental hygiene patient in our clinic. Coastal Bend College can NO LONGER ACCEPT CASH for payment of services.

DIAGNOSIS: The charting of observations in the oral cavity and the exposure of dental x-rays do not constitute a diagnosis. A diagnosis may only be made by a licensed dentist. Therefore, you are encouraged to visit your dentist for determination of your dental needs.

MINORS: Children aged three years and older may be seen in the clinic. A parent or guardian must accompany children and remain in the waiting room for each appointment. A parent or legal guardian must sign this consent form for patients under the age of eighteen (18) years. Children accompanying patients must not be left unattended.

DATE _____

Having read the above, I verify that I understand the information. I understand the hazards and possible consequences involved in dental treatment. I hereby consent to such treatment and agree to hold Coastal Bend College, its agents, employees and students, free and harmless from any claims, demands, or suits for damages from any injury or complications which may result from this treatment. I further authorize Coastal Bend College Department of Dental Hygiene to perform whatever procedures and treatments are necessary for me as a patient, or for my dependent child who is a patient. I further authorize the college staff to use material, instruction. I understand that no warranty or guaranty has been made to me as to result or cure.

I certify this form has been fully explained to me, and I have read it, or have had it read to me; that the blank spaces have been filled in, and that I understand its content.

Time Signed _____ **a.m./p.m.**

If the patient is a minor, I certify and represent to Coastal Bend College that I am the father/mother/legal guardian of _____, **a minor, age** _____, **born on month** _____ **day** _____, **year** _____.

I hereby consent to the treatment described above for my minor child.

Time signed _____ **a.m./p.m.**

Father/Mother/Legal Guardian of Minor