DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Service

DENTAL PATIENT CONSENT

Student Name:_____ Date:_____

Grade:_____

A **dental or dental hygiene student** visiting the clinic sometimes provides clinical services at IHS dental facilities. These students are in the process of earning a degree from a dental or dental hygiene school.

I understand this student will be providing clinical services for me today. I am aware this student has not yet earned a dental or dental hygiene license. I understand that all services provided by the student will be under the supervision of a licensed dentist or dental hygienist who is at this clinic while the student is treating me.

I understand it is my right to stop a procedure at any time if I do not feel comfortable with the student, and I may ask for a second opinion from the supervising licensed dentist or dental hygienist. I understand that I may revoke or withdraw my consent to treatment by this student at any time.

I give my permission or consent to be treated by this dental or dental hygiene student. I agree that I have had the chance to ask any questions I have about these arrangements.

_____ Date:_____
Signature of Patient

_____ Date:_____
Signature of Parent/Legal Guardian

_____ Date:_____
Signature of Dental/Dental Hygiene Student

_____ Date:_____
Signature of Supervising Dentist or Dental Hygienist

Revised 10/2017