## DEPARTMENT OF HEALTH AND HUMAN SERVICES Indian Health Service

## **DENTAL PATIENT CONSENT**

Student Name:	Date:
	Grade:
A <b>dental or dental hygiene student</b> visiting the clinic som IHS dental facilities. These students are in the process of eachygiene school.	-
I understand this student will be providing clinical services has not yet earned a dental or dental hygiene license. I under the student will be under the supervision of a licensed dental clinic while the student is treating me.	erstand that all services provided by
I understand it is my right to stop a procedure at any time is student, and I may ask for a second opinion from the super hygienist. I understand that I may revoke or withdraw my any time.	vising licensed dentist or dental
I give my permission or consent to be treated by this dental that I have had the chance to ask any questions I have about	
	Date:
Signature of Patient	
Signature of Parent/Legal Guardian	Date:
	Date:
zigilitzi ez zentan zentan 11, giene stadent	Date:
Signature of Supervising Dentist or Dental Hygienist	Revised 10/2017