

HARCUM COLLEGE PATIENT DENTAL HYGIENE INFORMED CONSENT

Please read the following consent form and sign below:

1. Treatment will be performed by dental hygiene students according to the state's scope of professional dental hygiene practice under the direction of supervising faculty.
2. Harcum dental hygiene clinic is an educational setting. Generally dental hygiene treatment sessions are 3 hours in length and patients often require more than one visit.
3. Failure to keep appointments without 24-hour advance notice, too many cancellations, or lateness for appointments may lead to your release as a clinic patient.
4. **Harcum Dental Hygiene services include basic preventive treatment and do not replace routine, specialty or extensive dental care needs. Harcum Dental Hygiene Clinic is not the patient's primary provider. Recommended recare appointment availability is not guaranteed.**
5. Patients receiving treatment including oral prophylaxis, periodontal debridement and procedures with or without local anesthesia may exhibit the following: soreness of oral tissues, tooth sensitivity, gingival recession, and pain at the injection site post operatively. Other possible risks and complications associated with local anesthesia may include: soft-tissue injury, swelling, hematoma, allergic reactions, fainting and numbness of lips.
Note: If faulty restorations become loose during dental hygiene procedures and requires replacement by a dentist, this is the patient's financial responsibility.
6. Patients must seek additional care from a private dentist for a definitive diagnosis when referred by the Harcum Supervising Dentist. Patients are informed verbally and provided written referral for follow-up care for routine and specialty or extensive care.
7. It is the patient's responsibility to seek follow-up care as prescribed by the referral prior to subsequent recall/recare visit.
8. The College reserves the right to refuse treatment if the patient does not or will not accept recommended treatment and procedures, including radiographs. Radiographs will be taken based upon patient need and professional judgment.
9. All records are property of Harcum College. Upon written request to the clinic office, I give permission for release of copies of radiographs and results of oral examination to and from my private practice dentist and/or physician.
10. All patient information including patient assessment, radiographs, intra-oral photographs, and Dental Hygiene Care Plan may be used in an anonymous manner for teaching, case documentation research and any other educational purposes by students or faculty.
11. During the course of treatment, if a student receives a significant exposure to a contaminated needle or instrument, the patient will be requested to obtain a blood test within a 24-hour period.
12. Fees for service will be charged and must be collected prior to services being performed.

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| Patient name printed | Patient Signature | Date |
| <hr/> | | |
| Signature of Parent/Legal Guardian | | Date |
| I have reviewed this consent with the patient. | | |
| Student Dental Hygienist Signature | <hr/> | Date <hr/> |

Reviewed 2021