

Parkland College is a teaching institution that offers dental hygiene services to residents of the area. The patients who seek the services of the dental hygiene clinic are accepted on their merits as suitable educational experiences for the students. Based upon an initial appointment, you may or may not qualify as an acceptable patient. If your dental requirements are too extensive, too complicated, or your medical history indicates a potential problem, your treatment may be stopped or postponed after a consultation between the clinical dentist and the dental hygiene professional staff. You will then be advised to seek dental care from your personal dentist or other agency.

The following information provides a basis for an agreement between you and the college if you are accepted as a patient.

1. Certain medical conditions may necessitate medical consultation with your physician prior to receiving dental hygiene services in our clinic. Patients who have active communicable infectious diseases will not be treated in the dental hygiene clinic until the infectious disease is no longer communicable or a physician has approved treatment following a written medical consultation.
2. In the event your student dental hygienist is accidentally stuck by an instrument, you will be requested to have blood drawn for necessary lab tests. The cost of the lab tests will be paid by Parkland College. By signing this document, you are agreeing to the release of your dental and medical information to Carle Clinic should an accidental exposure occur.
3. For the protection of your eyes, you will be asked to wear either the safety glasses provided by the clinic or your own glasses during treatment.
4. An initial assessment will be performed, which will determine the treatment plan. In addition to a dental cleaning, the following procedures may be provided when indicated:
 - Oral examination
 - Oral cancer screening
 - Oral hygiene instruction
 - Periodontal disease evaluation
 - X-rays
 - Topical and/or local anesthesia
 - Nitrous Oxide and Oxygen Sedation
 - Impressions for study models
 - Bleaching (additional cost)
 - Pit and fissure sealant placement
 - Care of restorations
 - Fluoride application
 - Placement of antibiotic therapy
 - Desensitization

Due to student clinic schedules, we may not be able to provide all of the additional procedures that are recommended. However, patients accepted for treatment will receive the most important indicated dental hygiene therapy according to a properly sequenced treatment plan. The time between the first appointment and subsequent appointments will be kept to a minimum as much as the clinic schedule and the student's schedule allows.
5. You will be asked to identify an emergency medical facility. You will be asked to identify a personal dentist or public dental health facility prior to any treatment. Because dental hygiene is only a part of your total dental care, we recommend that you see your dentist for examination and possible treatment upon completion of your dental hygiene appointments.
6. The clinic fee of \$10 per semester is to be paid at the first appointment unless you are otherwise exempted from this fee. Exemptions include children under 11 years of age; senior citizens (65 and over); and those on disability, social security, or Illinois Public Aid).
7. It is important for you to be prompt and keep all appointments. We request 24 hours notice in advance if you are unable to keep your appointment. If you fail to keep your appointment or are tardy, students lose valuable experience that may adversely affect their progress in the program.
8. Several appointments, three hours and thirty minutes in length, may be necessary to complete your treatment. We feel confident that our service is of the highest quality and well worth your time. If, after a discussion with your student dental hygienist, you feel that you cannot spend the required amount of time, please let the student know immediately.
9. We are required to maintain the privacy of your health information. We have posted the "Notice of Privacy Practices" in the reception area, and a copy will be made for you at your request.
10. Your X-ray films will be sent to your private dentist within two weeks after treatment is completed in the clinic.
11. If you have any questions concerning the condition of your mouth or teeth, we encourage you to ask the student, instructor, or clinical dentist.
12. From time to time, photographs and television cameras are used in the clinic for education or publicity purposes. Unless you inform us to the contrary, we will consider your signing of this agreement as authorization for you to be included in group photographs and television filming when these occur in the clinic.

I have read the preceding information and consent to the dental procedures performed by dental hygiene students as part of my supervised dental treatment. I agree to abide by the rules and regulations as herein stated above. I understand that I can review the "Notice of Privacy Practices" or have a copy upon request.

_____ Date

_____ Patient's printed name and signature

_____ Parent or guardian (if patient is under 18 years of age)