

KCC DENTAL HYGIENE CLINIC

MEDICAL ALERTS: _____

(Please Print)		Medical Specialists: Physician _____ Specialty _____ Phone _____ Physician _____ Specialty _____ Phone _____ Physician _____ Specialty _____ Phone _____
NAME:	First _____ Middle _____ Last _____	
ADDRESS:	Street _____ City _____ State/ZIP _____	
PHONE:	Home _____ Work/Cell _____	
Occupation _____		
Date of Birth _____ Gender _____ Marital Status _____		
Spouse _____		
Closest Relative _____ Phone _____		
Parent/Guardian _____ Phone _____		
Physician _____ Phone _____		
Dentist _____ Phone _____		

Application and Consent for Dental Hygiene Care

Welcome. We are pleased you have selected Kellogg Community College for your dental hygiene care. Kellogg Community College Dental Hygiene Clinic (the “Clinic”) is a teaching clinic. Dental Hygiene Care may include one or more of the following: review of personal, dental and medical histories, blood pressure screening, oral cancer screening, dental charting, periodontal assessment, radiographs, oral health instruction including behavior modification techniques, non-surgical periodontal therapy including scaling and root planning, administration of local anesthesia and oral irrigation using chemo-therapeutic agents, oral prophylaxis, fluoride therapies, pit and fissure sealant placement, caries activity testing, nutritional counseling for caries prevention, tobacco cessation program referral, and construction and delivery of athletic mouth protectors and custom fluoride trays. **These are dental hygiene services only and we refer all patients to their dentist as part of comprehensive oral care.**

By receiving Dental Hygiene Care you will be participating in the teaching program. Your Dental Hygiene Care will be performed by a dental hygiene student who will be supervised by members of the Clinic faculty. Dental Hygiene Care under supervision generally requires more time than if done in a private practice and most appointments will be two to four hours in length. Multiple appointments may be required to complete your Dental Hygiene Care. The Clinic is not a substitute for a regular visit to your dentist and you should seek dental care between visits to the Clinic. In certain cases, we may refuse to treat you in the Clinic until your dentist or physician has provided treatment.

Application to Receive Dental Hygiene Care. You may be offered Dental Hygiene Care if your care is suitable for teaching purposes in the Clinic. Eligibility will be determined during an initial evaluation or assessment appointment. We may not offer you Dental Hygiene Care if you have a medical or dental condition which would make treatment hazardous to you or us or if conditions indicate you must consult your physician to obtain the necessary written clearance and/or evidence of pre-medication before you can receive Dental Hygiene Care.

If you are not offered Dental Hygiene Care in the Clinic, the Clinic will refer you for treatment to your dentist, a dental school clinical program, or, if you have no dentist, to the local dental society. If you initially qualify for treatment and later, after initial therapy is completed, are no longer considered appropriate as a teaching case, Dental Hygiene Care may be discontinued and you will be referred to your dentist.

X-Rays. Dental radiographs may be necessary and will be taken as appropriate for your Dental Hygiene Care. Dental Hygiene Care in the Clinic may be refused without current imaging.

Financial Responsibility. You will be charged for Dental Hygiene Care you receive in the Clinic according to the current fee schedule. An estimate of the Clinic's fees will be given to you before beginning Dental Hygiene Care. The Clinic is not a participating provider and does not submit insurance claims. You must be prepared to pay for services at the start of your Dental Hygiene Care.

Fee Schedule.

Adult Cleaning and Fluoride	\$25.00
Child Cleaning and Fluoride (17 years old and under)	\$15.00
Sealants (per tooth)	\$5.00
Athletic Mouth Protector, Custom Fluoride Trays	\$15.00
One time registration Fee (new or last appointment more than 3 years)	\$4.00

Dental X-rays:

Individual films	\$2.00
Bitewing series	\$8.00
Full mouth series	\$20.00
Panograph	\$20.00

Dental Records. The records, x-rays, photographs, models, and other materials relating to your Dental Hygiene Care in the Clinic are the property of the Clinic. You have the right to inspect your records and to request copies. Your request for copies must be made in writing. If your dental/medical records are used for instructional purposes, your identity will not be disclosed to individuals who were not involved in your Dental Hygiene Care.

Keeping Your Appointments. You must be on time for your appointments. If you are unable to keep an appointment, you must notify the Clinic at least 24 hours before the scheduled appointment. If you are not on time for your appointments and do not provide 24 hour notice or there are repeated unsuccessful attempts to arrange for an appointment, we may discontinue your Dental Hygiene Care in the Clinic. Currently appointments are scheduled during the following times and dates:

<u>Weekday</u>	<u>Times</u>	<u>Semester</u>	<u>Length of Appointment</u>
Monday	8 am and 1 pm	Spring	4 hour appointments
Tuesday	8 am, 10 am, 1 pm and 3 pm	Fall, Spring, Summer	2 hour appointments
Wednesday	8 am, 10 am, 1 pm and 3 pm	Fall, Spring, Summer	2 hour appointments
Thursday	8 am, 10 am, 1 pm and 3 pm	Fall, Spring, Summer	2 hour appointments
Friday	8 am and 1 pm	Spring	4 hour appointments

Consent to Dental Hygiene Care. Before receiving Dental Hygiene Care, unless an emergency or extraordinary circumstance exists, no substantial procedures will be performed upon you unless you have had an opportunity to discuss them to your satisfaction with the person performing the Dental Hygiene Care. You have the right to be informed of any risks and complications, the expected benefit, and the availability of alternative methods of treatment. You have the right to consent to or to refuse any Dental Hygiene Care. You will not be involved in any research or experimental procedure without your full knowledge and consent. Dental Hygiene Care is not an exact science and may involve a risk of injury. No guarantees are made about the results of Dental Hygiene Care at

the Clinic. Unless you object, other students or faculty may be present during your Dental Hygiene Care as part of their education.

The following is the KCC Dental Hygiene Patient Bill of Rights and Responsibilities

You have the right to:

- Considerate, respectful and confidential treatment
- Continuity and completion of treatment
- Access to complete and current information about your oral health condition
- Advance knowledge of the cost of treatment
- Informed consent including:
 - Explanation of recommended treatment
 - Treatment alternatives
 - The option to refuse treatment
 - Information about the risk if no treatment is chosen
 - And expected outcomes of treatment options
- Treatment that meets the standard of care in the dental hygiene profession

You have the responsibility to:

- Show consideration and respect for students and instructors
- Keep and be on time for your dental hygiene appointments and provide 24 hour notice for cancellation
- Provide accurate medical and dental history information and changes as they are known, including names of providers to contact for further information about your health
- Participate in your treatment by asking questions and following through on home care recommendations
- Inform us if you feel we have not met these standards

Your signature on this application certifies that you have read and understand the information provided in this application, that you have been offered a copy of this application and the Clinic's Notice of Privacy Practices, and that you accept, and consent to, dental hygiene care according to the terms and conditions in this Application.

Patient Name: _____ Date of Birth: _____

Patient Signature: _____ Date: _____ Time: _____

Legal Representative: _____ Date: _____ Time: _____

Witnessed by: _____ Date: _____ Time: _____

(completed after initial signing, at the beginning of each new assessment)

Patient Signature: _____ Date: _____ Time: _____

Witnessed by: _____ Date: _____ Time: _____

Patient Signature: _____

Date: _____ Time: _____

Witnessed by: _____

Date: _____ Time: _____

Patient Signature: _____

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