

Dental Clinic

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Dental Clinic Patient Registration and Consent Form

Please read the following information carefully so that you will understand the conditions under which patients are treated at this clinic.

1. This is an educational setting Dental Hygiene care in the clinic will proceed more slowly than in a private dental office as student services are carefully reviewed by faculty members. Although it is the goal to complete all procedures for patients, completion cannot be guaranteed in an specific number of appointments due to the varying needs of patients and students.
2. It may be necessary, as part of patient treatment, to administer local anesthesia.
3. A comprehensive dental hygiene care plan will be formulated for each patient. However, patients should not assume that students can diagnose and inform them of all treatment that needs to be done.
4. Students are required to obtain a medical and dental history of each patient prior to initiating any procedure. Such information is confidential and considered essential for the performance of adequate dental hygiene treatment.
5. Patients are expected to keep appointments and arrive on time. Students depend on patients to complete course requirements. Failure to keep scheduled appointments may result in dismissal from the clinic.
6. All patients will be screened for appropriateness of care in an educational setting. Acute or extensive dental care needs will have to be addressed in an alternative dental facility prior to receiving dental hygiene care.

Dental hygiene care in this setting does not replace the comprehensive dental care that can be provided in a dental office. We recommend that you see your family dentist regularly.

The Allied Dental Education Department reserves the right to refuse treatment if the health and/or safety of the patient, student, or faculty are in question.

The NHTI Dental Hygiene program practices and employs current infection control policies with all aspects of patient care.

It is possible that infections and contagions may spread during dental treatment, despite the use of the current preventative practices. By signing this document I acknowledge the risks of infection and contagion during dental treatment and assume all responsibility and liability if these conditions develop, releasing NHTI and the NHTI Dental Hygiene Clinic from all responsibility and liability.

Having read the above and the Patient Bill of Rights, I verify that I understand the information contained therein and I grant the authority to the Allied Dental Education Department to perform treatment procedures deemed necessary for:

Patient's Legal Name	_____	Date	_____
Patient's Preferred Name	_____		
Patient Mailing Address	_____	Phone	_____

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