

**PATIENT CONSENT TO TREATMENT BY A
VISITING DENTAL OR DENTAL HYGIENE STUDENT**

Clinical services at IHS dental facilities are sometimes provided by dental or dental hygiene students visiting the clinic. These students are in the process of earning a degree from a dental or dental hygiene school.

I have been introduced to _____
(Name of student, plus title: "dental student" or "dental hygiene student")

Visiting from _____
(Name of Professional Institution)

I understand this student will be providing clinical services for me today. I am aware this student has not yet earned a dental or dental hygiene license. I understand that all services provided by the student will be under the supervision of a licensed dentist or dental hygienist who is at this clinic while the student is treating me.

I understand it is my right to stop a procedure at any time if I do not feel comfortable with the student, and I may ask for a second opinion from the supervising licensed dentist or dental hygienist. I understand I have the right to be treated by a licensed dentist or dental hygienist. I understand that I may revoke or withdraw my consent to treatment by this student at any time.

I give my permission or consent to be treated by this dental or dental hygiene student. I agree that I have had the chance to ask any questions I have about these arrangements.

(Signature of Patient)

(Date)

(Signature of Legal Guardian, if necessary)

(Date)

(Signature of Student)

(Date)

(Signature of Supervising Dentist or Dental Hygienist)

(Date)