

**MIDLANDS TECHNICAL COLLEGE
DENTAL ASSISTING/DENTAL HYGIENE
CONSENT FORM**

THE MISSION OF THE MIDLANDS TECHNICAL COLLEGE DENTAL CLINIC IS:

1. To provide clinical experience and education for the Dental Hygiene and the Dental Assisting students,
2. To provide oral health education and home care instruction for our patients and
3. To provide scaling (teeth cleaning) and other oral preventive therapies for our patients.

In full understanding of the mission of the Midlands Technical College Dental Clinic, I have read and agree to the following:

1. Treatment will be performed by students of the Dental Assisting Program or the Dental Hygiene Program as permitted by the laws and regulations of the state of South Carolina.
2. Students will be supervised by Certified Dental Assistants, Registered Dental Hygienists, or by licensed Dentists depending on the procedures being performed.
3. **Clients are expected to seek follow-up care with their dentist in the private sector** for conditions detected that are beyond the scope of practice at the MTC clinic.
4. Clients are required to provide MTC Dental Clinic with radiographs as outlined by the American Dental Association and U.S. Food & Drug Administration's guidelines for Dental Radiography. Clients without radiographs from referring dentist must have radiographs exposed prior to initiating treatment.
5. Treatment will proceed more slowly in the student clinic than in a private dental office. It is essential that you have the necessary time available and be prompt in meeting your appointments. Failure to keep appointments, excessive cancellations or tardiness may cause treatment to be discontinued.

Patient's Name

Date

Signature of Patient or Parent/Guardian

Date

Initials of Person Signing

CONSENT FOR LOCAL ANESTHETIC ADMINISTRATION

THE RISKS AND BENEFITS ASSOCIATED WITH THE ADMINISTRATION OF LOCAL ANESTHETIC HAVE BEEN EXPLAINED TO ME AND I CONSENT TO THE PROCEDURE.

1. FIRST ADMINISTRATION:

PATIENT/PARENT/GUARDIAN

DENTIST'S SIGNATURE

DATE

DATE

2. SECOND ADMINISTRATION:

PATIENT/PARENT/GUARDIAN

DENTIST'S SIGNATURE

DATE

DATE

3. THIRD ADMINISTRATION:

PATIENT/PARENT/GUARDIAN

DENTIST'S SIGNATURE

DATE

DATE

4. FOURTH ADMINISTRATION:

PATIENT/PARENT/GUARDIAN

DENTIST'S SIGNATURE

DATE

DATE