

Informed Consent

GENERAL INFORMATION: Patients accepted into the teaching program have their treatment supervised by members of the School's faculty. The treatment will meet or exceed the Standards of Care and will be provided in a considerate, respectful, and confidential manner. However, such treatment may require more time than if performed in a private practice. Patients may be asked to be available for appointments as frequently as once and sometimes twice a week. The School maintains all current clinic compliance policies required to maintain a healthy and safe environment for our patients. A copy of these policies is available upon request.

CONSENT TO DENTAL PROCEDURES: As a patient you will have access to current and complete information about your condition and will, unless otherwise specified, receive continuity of treatment, which may include treatment provided by multiple student dentists, be provided an estimate of the cost, and receive dental care according to a properly sequenced plan of treatment. Before receiving treatment you should ask the student dentist about the procedure(s) that he/she recommends you undergo, and ask any questions you may have before you decide whether or not to give your consent for the procedure(s) to be done. All dental procedures may involve risks of unsuccessful results and complications, and no guarantee is made as to result or cure. You have the right at all times to be informed of any such risks as well as the nature of the procedure, the expected benefit, the availability of alternative methods of treatment, and the risks of no treatment. You have the right to consent to or refuse any proposed procedure at any time prior to its performance.

DISCONTINUANCE OF TREATMENT: The School reserves the right to discontinue dental treatment whenever it is considered advisable and in the best interest of you and the School teaching program. Should treatment be terminated, any remaining credit balance for services not yet provided will be refunded to you. If you have complaints which cannot be resolved at the student or faculty level, you have access to the Office of Clinical Activities.

I do hereby acknowledge, agree and give my voluntary consent for treatment provided through the Clinic as may be deemed necessary or desirable by my treating professional(s), their assistants and/or designees. This Authorization includes, but is not limited to, routine diagnostic procedures, outpatient care, laboratory tests, and x-rays. I understand that my treatment may include a variety of interventions. I am aware that the practice of dentistry is not an exact science and I acknowledge that no guarantees have been made to me as to results of examination and treatment received at the Clinic. I acknowledge that my care is under the direction of my treating professional(s) and I represent that I will follow the instructions of my professional(s) in the provision of said care. Your signature on this form certifies that you have read and understand the information provided on the form, that you have received a copy, and that you accept dental care and treatment under the described terms and conditions.

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Print your name: Mister Marlboro

A handwritten signature in black ink that reads "Mister Marlboro". The signature is written in a cursive, somewhat stylized font.

Date: 2019-06-18 9:52 AM

Witness
Laura Brown

Print your name: Laura Brown

A handwritten signature in black ink. The first letter is a large, stylized 'L' with a loop at the top and a horizontal base. To the right of the 'L' is the word 'aura' written in a cursive, flowing script.

Date: 2019-06-18 9:52 AM