

**Delaware Technical and Community College**  
**Dental Hygiene Program**

**Patient Information and Release Form**

Please read the following information carefully so that you will understand the conditions under which patients are treated in this clinic. At the bottom of the page, sign your name indicating that you understand these conditions, and that you agree to the following:

\_\_\_\_\_  
Patient initial

1. Treatment in the Clinic proceeds more slowly than in a private office since the services are rendered by students and are carefully evaluated by faculty members. Generally, each dental hygiene appointment is 2 1/2 to 3 hours in length. The number of appointments varies with each patient and the condition of his/her mouth. As this is an educational facility, patients should expect to be scheduled for multiple appointments and completion of dental hygiene treatment cannot be guaranteed in any specific period of time. Commitment to scheduled appointments is important.

\_\_\_\_\_  
Patient initial

2. Since we value the time of both our students and patients, we request that you keep and arrive promptly for your appointments. Consistent tardiness, two or more cancellations or failure to cancel appointments with at least a 24-hour advance notice may result in your dismissal as a clinic patient.

3. Patients not eligible for dental services at the DHC beyond dental hygiene care should seek additional care from a private dentist since services performed by the dental hygiene students are limited to preventive treatment and do not replace regular or extensive dental care.

4. All records are the property of the College; however, copies of radiographs will be furnished to your dentist if requested. All or portions of records may be used for educational purposes by students and/or faculty.

5. The Dental Hygiene Department reserves the right to refuse to provide treatment if the patient does not or will not accept recommended treatment and procedures, including radiographs. Radiographs (x-rays) will be taken based on patient need.

6. Fees will be charged for procedures provided according to the financial program for which you are eligible and the expenses of supplies needed to provide services. Fees are nominal but must be collected before services are performed.

7. The Dental Health Center reserves the right to refuse to provide treatment if the patient's medical condition contraindicates routine dental treatment.

\_\_\_\_\_  
Patient initial

8. Only patients who meet the educational needs of our students, as deemed appropriate by the dental hygiene faculty, will be accepted as clinic patients.

\_\_\_\_\_  
Patient initial

9. We cannot guarantee the availability of appointments due to limited class size and the College's academic calendar. We will, however, do our best to schedule patients who qualify as promptly as possible.

Having read the above, I verify that I understand the information contained herein, and I grant authority to DTCC Dental Hygiene Department to perform those procedures deemed necessary. I give permission to release my records to and from my dentist and/or physician. I also agree to make payment for services in accordance with my treatment plan.

\_\_\_\_\_  
Patient's Name (printed)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Patient/Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature