

Illinois Valley Community College
Dental Assisting Program

Consent and Release

I, _____, consent to engaging and receiving dental diagnosis by a volunteering dentist and/or treatment services which involve one or more Illinois Valley Community College students engaged in its Dental Assisting Program. I understand that such students are in training to be dental assistants, but have not completed a full course of study which includes work experience as is contemplated herein.

In consideration for receiving said dental diagnosis and/or treatment services, I release and forever discharge Illinois Valley Community College, its trustees, instructors, agents and students and also cooperating dentists and related personnel from all claims, damages and causes of action that may arise from the involvement of said students in the diagnosis and/or treatment services provided to me. This release shall be binding on my heirs, legal representative and assigns. Furthermore, I understand that the information provided regarding referral appointments by the aforementioned, is my responsibility to schedule.

Patient's that have been accepted for dental care in IVCC's Dental Assisting Clinic understand the scope of dental care available in this clinic are limited to:

Comprehensive and Periodic Oral Examination;
Radiographs;
Basic prophylaxis by a Registered Dental Hygienist and coronal polish/scaling to be completed by the Dental Assisting Student;
Placement of Enamel Sealants;
Fluoride Treatment;
Oral Hygiene Instruction;
Simple or Compound Composite and Amalgam restorations (if schedule permits).

Procedures not completed in this clinic are not limited to the following:

Endodontics/Root Canal Treatment
Oral Surgery/Extractions
Crown and Bridge Procedures
Complete and Partial Dentures
Periodontics
Orthodontics

I have read this Consent and Release and understand its terms and am of legal age and sign this of my own free will.

X

Patient or Legal Guardian

X

Date