



DENTAL HEALTH CENTER

Illinois Valley Community College

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 or Dental Hygiene Program. I understand that such students are in training to be dental assistants or dental hygienists, but have not completed a full course of study which includes work experience as is completed 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.

I give permission to email requested digital radiographs to the dentist of my choosing upon completion.

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

- Comprehensive Oral Examination
- Periodic Oral Examination
- Intraoral photos
- Extra and intraoral examination
- Radiographs
- Periodontal charting
- Basic prophylaxis
- Scaling in the presence of gingivitis
- Simple or Compound Composite and Amalgam restorations (if schedule permits).
- Impressions
- Night guard fabrication
- Coronal polish
- Coronal scaling
- Placement of Enamel Sealants
- Fluoride Treatment
- Oral Hygiene Instruction

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

Patient / Legal Guardian Signature

Date