

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Indian Health Service

**PATIENT CONSENT TO TREATMENT BY A  
VISITING DENTAL OR DENTAL HYGIENE STUDENT**

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Clinical services at IHS dental facilities are sometimes provided by dental or dental hygiene students visiting the clinic. These students are in the process of earning a degree from a dental or dental hygiene school.

I have been introduced to \_\_\_\_\_  
(Name of student, plus title: "dental student" or "dental hygiene student")

Visiting from \_\_\_\_\_  
(Name of Professional Institution)

I understand this student will be providing clinical services for me today. I am aware this student has not yet earned a dental or dental hygiene license. I understand that all services provided by the student will be under the supervision of a licensed dentist or dental hygienist who is at this clinic while the student is treating me.

I understand it is my right to stop a procedure at any time if I do not feel comfortable with the student, and I may ask for a second opinion from the supervising licensed dentist or dental hygienist. I understand I have the right to be treated by a licensed dentist or dental hygienist. I understand that I may revoke or withdraw my consent to treatment by this student at any time.

I give my permission or consent to be treated by this dental or dental hygiene student. I agree that I have had the chance to ask any questions I have about these arrangements.

\_\_\_\_\_  
(Signature of Patient) (Date)

\_\_\_\_\_  
(Signature of Legal Guardian, If necessary) (Date)

\_\_\_\_\_  
(Signature of Student) (Date)

\_\_\_\_\_  
(Signature or Supervising Dentist or Dental Hygienist) (Date)