iEducations
All-in-one Dental Education

970 W El Camino Real, Suite #3, Sunnyvale, CA 94087
Phone : 650-282-5555
Email : info@i-educations.com
Website : https://i-educations.com/

Radiation Safety Course - Clinical Patient Consent and Medical History Form

Student Information

Full Name : Date of Birth :

Class Date :

Patient Information

Full Name : Date of Birth :

Phone Number : Patient Under 18? : If so Patient should get Parent / Guardian

Last Taken Xrays : Patient / Guardian Name :

Are you under physician's care now ? ☐ Yes ☐ No Last Visit :

List any hospitalizations or major operations you have had in the past 12 months ☐ No

Have you ever had a serious injury to your head or neck? Explain ☐ No

Are you taking any medications, pills or drugs ? List ☐ No

Is there a possibility of pregnancy at this time ? ☐ Yes ☐ No

Are you allergic to any medications or substances ? ☐ None

☐ Aspirin ☐ Penicillin ☐ Codeine ☐ Acrylic ☐ Metal ☐ Latex rubber

other :

Do you now have or had any of the following : (If YES check the box)

☐ Heart Trouble/Disease	☐ Heart Murmur Heart	☐ Irregular Heart Beat	☐ AIDS
☐ Angina / Chest Pain	☐ Attack / Failure Scarlet	☐ Congenital Heart Disorder	☐ Herpes
☐ Mistral Value Prolapse	☐ Fever	☐ Rheumatic Fever	☐ Nervousness
☐ Artificial Heart Valve	☐ Heart Pacemaker	☐ Heart Surgery Hemophilia	☐ TMJ
☐ High Blood Pressure	☐ Excessive Bleeding	☐ Hepatitis B or C	☐ HIV Positive
☐ Diabetes	☐ Hepatitis A(Infectious)	☐ Hypoglycemia	☐ Cold Sores
☐ Liver Disease	☐ Yellow Jaundice	☐ Artificial Joint	☐ Sinus Trouble
☐ Fainting / Dizziness	☐ Allergies (Medicines)	☐ Epilepsy / Seizures	

iEducations
All-in-one Dental Education

970 W El Camino Real, Suite #3, Sunnyvale, CA 94087
Phone : 650-282-5555
Email : info@i-educations.com
Website : https://i-educations.com/

RADIATION SAFETY RELEASE FORM

Consent, Acknowledgment & Terms

I hereby consent to serve as a clinical patient for student training under the supervision of licensed instructors at iEducations. I understand that all procedures will be performed by students in training for educational purposes only and are not a substitute for comprehensive dental care.

I acknowledge that:

- I meet the eligibility criteria provided on this form; otherwise, treatment may be declined or rescheduled.
- I have provided accurate and complete medical and dental history information; iEducations is not responsible for complications resulting from false or incomplete information.
- There may be some risks or discomfort associated with the procedures, and my participation is entirely voluntary.
- All patient information will be kept strictly confidential.
- Parental consent is required if the patient is under 18 years of age.
- By signing below, I voluntarily accept these terms and release iEducations, its instructors, and students from any liability related to this training experience.

I to the best of my knowledge, all the preceding answers are correct, and I give any consent to receive a Coronal Polishing at iEducations.

I hereby authorize a full mouth coronal polish to be given by a iEducations student

I hereby give permission for placement of Coronal Polish, to be performed on me by a dental assisting student for the Coronal Polish course

I understand that no charge will be made to me for the services performed. In consideration thereof, I hereby agree to waive, release, hold harmless, defend and indemnify as against any and all claims I or my heirs may have now or in the future against iEducations, its principals and or agents, arising out of or resulting from my voluntary participation as a patient in the Coronal Polish trainee program. I also have read and I understand the terms of this agreement.

I further, give my permission for the supervisor and/or iEducations Staff Member to use his/her best judgment in handling whatever emergency situation might arise.

I It is understood that the individual's own insurance (liability and medical/hospital is considered as primary coverage. It is further understood that participation in the planned activity is by the individual's own free choice, and that participation is not required by the college. Further, iEducations is held blameless in the event of personal injury and/or property damage n the event of an accident.

Signature of Patient **Signature of Parent / Guardian (If Patient under 18)** **Signature of Student giving Coronal Polishing Exam**

Date : **Date :** **Date :**

Signature of Dentist / RDA Instructor **Signature of iEducations Staff Member**

Date : **Date :**