

Coronal Polishing 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

Email :

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

CORONAL POLISH 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 in 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 :