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 : _____ Class Date : _____

Date Of Birth : _____

Patient Information

Full Name : _____ Date of Birth : _____

Clinical Exam Date : _____ Phone : _____ Email Address : _____

Do you have any X-rays taken on you in the last 12 months ?

List any hospitalizations or major operations you have had in the past 12 months If no please check the box

_____

Have you ever had a serious injury to your head or neck? If no please check the box

_____

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

Are you allergic to any medications or substances ? List them

_____

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.

Student Signature

_____

Student Full Name : _____

Date : _____

Patient Signature

_____

Patient Full Name : _____

Date : _____

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I _____ to the best of my knowledge, all the preceding answers are correct, and I give any consent to receive X-rays at iEducations.

I _____ hereby authorize a full mouth X-rays to be given by a iEducations student hereby

I _____ give permission for placement of X-rays, to be performed on me by a dental assisting student for the Radiation Safety 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 Radiation Safety trainee program. I also have read and I understand the terms of this agreement.

I _____ 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.

Student Signature

_____

Student Full Name : _____ Date : _____

Patient Signature

_____

Patient Full Name : _____ Date : _____

Instructor Signature

_____

Instructor Full Name : _____ Date : _____