



## NORTHWOOD TECHNICAL COLLEGE

### DENTAL ASSISTANT PROGRAM DENTAL PROVIDER PERMISSION FORM

**Student instructions:**

Obtain permission from your dentist to be a patient during clinical instruction in the Dental Assistant Program. Please have your dentist sign this permission form, then submit the signed form to one of your Dental Assistant Instructors when school begins.

If you do not have a dentist, you must schedule a dental appointment, **but do not have radiographs taken** (we will complete these to fulfill course requirements).

Please notify Northwood Tech Health Services and the Program Director if there are any changes in your health status during your education in the Dental Assistant Program.

I have read and understand that I will be a patient during clinical instruction.

I agree to report changes in my health status to Northwood Tech Health Services & the DA Program Director.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(typed signature is acceptable)

For more information or if you have any questions, please contact: Megen Elliott, MS-OCL, RDH, CDA, 715-788-7150 or [megen.elliott@NorthwoodTech.edu](mailto:megen.elliott@NorthwoodTech.edu)

### DENTIST PERMISSION

**(Student's name)** \_\_\_\_\_ has been accepted into Northwood Technical College's Dental Assistant Program. During their course of study, they will be a patient in a clinical setting under the supervision of a Dental Assistant Program Instructor for the following procedures:

- Alginate impressions / bite registrations
- Full Mouth series of radiographs
- Panoramic radiograph
- Coronal polishing
- Fluoride treatment(s)
- Surgical dressing
- Flossing
- HVE positioning and oral rinses
- Teeth whitening

Thank you for giving permission that the above procedures may be performed on your patient.

PRINT DENTIST NAME \_\_\_\_\_

DENTIST SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_