

Harbour City

DENTAL HYGIENE

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Keep Your Smile Awhile!

Smiles For Life



Compassionate Prenatal Dental Care

Consent Form and Contract for Services

Between

Harbour City Dental Hygiene Group Inc. and

Harbour City Dental Hygiene is a private clinic offering a compassionate prenatal dental care program for qualified participants called **Smiles for Life**.

If accepted into the program, the participant will receive dental hygiene services free of charge for the duration of her current pregnancy. The participant will be accepted for the program only if she is currently and continues to meet certain criteria.

All dental hygiene services will be performed by Heather Cooper, RHD at Harbour City Dental Hygiene in the office located at 629 Wentworth Street, Nanaimo, BC.

Most appointments will be approximately one hour in length, although multiple appointments may be required. Harbour City Dental Hygiene has a strict policy regarding appointments which is outlined below and the participant is expected to adhere to all policies or may be removed from the program.

The participant is also required to fill out a survey evaluating the program and it is anticipated that the participant would write a testimonial letter for Harbour City Dental Hygiene at the completion of her treatment.

Smiles for Life is not a substitute for a regular visit to your dentist. It is recommended that the participant seek dental care between visits. In certain cases, treatment at Harbour City Dental Hygiene may be refused until treatment is provided by a licensed dentist.

The consent for treatment must be signed by the participant and/or legal guardian if under the age of 18 (eighteen).

Services Provided:

- Periodontal Scaling and Root Planing (with limitations)
- Stain Removal
- Preventive Dental Education
- Topical Fluoride Treatments
- Radiographs (if necessary; with limitations)
- Oral Cancer Screenings
- Pit and Fissure Sealants
- Dental Nutritional Counselling
- Smoking Cessation Counselling
- Other related therapeutic services

Criteria for Patient Acceptance

The following items must be met before acceptance as a participant in the program **Smiles for Life**:

- The participant must be free from any medical or dental condition which would make treatment hazardous to the participant or hygienist.
- The participants general oral health conditions are considered acceptable for hygiene services.
- Participant must show a keen interest in learning preventive oral care techniques.
- Participant must arrive to appointments on time and in good physical and mental health.
- The participant must qualify for financial assistance under the guidelines of this program. Should her financial situation change whilst receiving treatment under this program, she must immediately inform Harbour City Dental Hygiene in writing.
- The participant must have had a dental examination by a dentist within the last 365 days.
- The hygienist reserves the right to refuse or discontinue treatment when indicated.

Radiographs "X-rays"

Dental radiographs will be taken as necessary and as appropriate for dental hygiene examinations, assessments, diagnosis, consultation, treatment planning and treatment. In many cases copies or originals of radiographs taken previously may be used if they are considered current and adequate by the hygienist.

Financial Responsibility

The participant will be responsible for costs associated with the dental examination by a dentist or any treatment prescribed by a dentist or doctor outside of Harbour City Dental Hygiene.

All services rendered at Harbour City Dental Hygiene are of no charge to the participant. Any dental hygiene aids required while receiving treatment are the financial responsibility of the participant.

Dental Records

The records, x-rays, photographs, and other materials relating to the participants' treatment are the property of Harbour City Dental Hygiene. The participant will have the right to inspect these materials and to request copies at a reasonable cost of duplication. You may also request to have any of the above records sent to another dental or health professional at a reasonable cost, by signing a release of information form.

In addition, your dental/medical records may be used for instructional purposes and if they are, your identity will not be disclosed to individuals not directly involved in your care and treatment.

Appointment Policy

The participant is required to be on time for her appointments. If you find that you are unable to keep an appointment, you agree to notify Harbour City Dental Hygiene by telephone or in writing at least 48 hours in advance. A total of **1 (one)** cancellation without 48 hours notice, may be cause to discontinue the participant from further treatment.

Continued Treatment at Home

The participant is required and responsible to follow any treatment outlined for them to carry out at home.

Participant

Name: _____

Address: _____

D.O.B: _____

I, (participant full name), do hereby agree to all terms and conditions required for participation in the program **Smiles for Life** at Harbour City Dental Hygiene Group Inc. and I understand that failure to comply with any of the afore mentioned criteria could result in my removal from the program.

Signature: _____

