



Office Policy and Consent for Mobile Dental Hygiene Services

General Release:

I consent to the collection, use or disclosure of personal information including an accurate and complete personal and medical/dental history as required for my own or my dependent's dental care.

Consent:

I, the undersigned, hereby authorize Harbour City Dental Hygiene to make a thorough diagnosis of periodontal and dental need.

I authorize Harbour City Dental Hygiene to perform any and all forms of treatment, medication and therapy that may be indicated and consent to the use of local anaesthetic agents if necessary.

I authorize Harbour City Dental Hygiene to forward any and all medical and dental records to the client's dentist on record if further dental treatment is required and agreed upon. It is then the responsibility of the client or their POA/Guardian to follow up with scheduling appointments with the dental office.

I have read and understand the "Payment of Fees" on the reverse side of this page and accept the responsibility for payment for dental services provided for myself or my dependents, due and payable when services are rendered unless other financial arrangements have been made.

I further authorize Harbour City Dental Hygiene to provide regular oral assessments on a yearly basis and relevant dental hygiene treatment and maintenance services on an interval as recommended by our staff after oral assessments were made unless other arrangements are agreed upon.

Client Name: _____

POA/Guardian Name (please print): _____

Client or POA/Guardian Signature: _____

POA/Guardian Relationship to Client: _____

Date: _____