



Experience. Success.

WISCONSIN INDIANHEAD TECHNICAL COLLEGE DENTAL ASSISTANT PROGRAM PERMISSION FORM

Student instructions:

You need 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 will need to schedule a dental appointment, **but do not have radiographs taken.**

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

Students who are or may be pregnant will not be allowed to participate as a patient in Dental Radiography.

**I have read and understand that I will be a patient during clinical instruction.
I agree to report changes in my health status to WITC Health Services & the DA Program Director.**

STUDENT SIGNATURE: _____ **DATE:** _____

For more information or if you have any questions, please contact:

- Jennifer Heutmaker-Holden, CDA, MS 800-243-9482 Ext. 5146 or Jennifer.Holden@witc.edu
- WITC health services

DENTIST PERMISSION

(Student's name) _____ has been accepted into Wisconsin Indianhead Technical College's Dental Assistant Program. During their course of study, he/she 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 | • Periodontal Dressing |
| • Full Mouth series of Radiographs | • Flossing |
| • Panoramic Radiograph | • HVE positioning and practice |
| • Coronal Polishing | • Tooth Whitening |
| • Fluoride Treatment(s) | |

_____ ****Student needs preventive antibiotics before being a patient.**

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

PRINT DENTIST NAME _____

DENTIST SIGNATURE _____ **DATE** _____