

Dentist Authorization Form

Dental Assisting Program



I give my authorization for _____, my patient of record, to participate in Indian Hills Community College Dental Assisting Program as a Patient Volunteer.

The procedures that this student will be participating in are:

- Coronal Polish
- Fluoride Treatment
- Topical Anesthetic
- Fluoride Varnish
- Disclosing Agents
- Flossing and Brushing
- HVE and A/W Syringe Placement
- Full-mouth Rinsing
- Isolation Techniques
- Alginate Impressions
- Polyvinyl Siloxane Impressions
- Bite Registrations
- Periodontal Dressing Placement
- Dental Radiographs - This student can receive 4 Bitewings and a Panelipse radiograph.

This form is valid from August 2024 through August 2025.

Signature of Authorizing Dentist: _____

Printed Name of Authorizing Dentist: _____

*We will send copies of your patient's radiographs to your email.

E-mail Address: _____

Thank you for supporting Indian Hills Community College Dental Assisting program!