INDIANA UNIVERSITY
NORTHWEST

PATIENT CONSENT AND AGREEMENT

Please read the following information carefully. After you have read this consent and agreement, please sign your name at the bottom of this form indicating acceptance of the terms of this agreement. Signing this document means that you understand this agreement, you consent to the terms of this agreement, and ALL of your questions have been answered to your satisfaction.

- I, as a consenting adult, agree to permit students and faculty of Indiana University Northwest (IUN) to provide dental care to myself, child or legal ward as applicable.
- I understand that all persons cannot be accepted as patients of IUN. Persons with complicated medical conditions, rigid time requirements, and extremely difficult dental care needs may not be accepted for treatment.
- I understand that as a patient of IUN, students, under the direct supervision of clinical faculty, will provide all necessary preventive treatment.
- I understand that treatment at IUN will generally exceed the length of time required for the same work to be completed in private practice.
- I understand that cancellation of an IUN Clinic appointment at least 24 hours prior to the appointment time is expected of me, if I cannot keep the appointment.
- I understand that IUN maintains the right to discontinue treatment for any appropriate reason such as cancellations, failed appointments, or inappropriate behavior. In such cases, the patient or parent/guardian agrees to accept full responsibility for pursuing alternate professional dental care.
- I understand that all records pertaining to the treatment and diagnosis of patients are the property of IUN. Records and x-rays will be duplicated upon written request.
- I understand that by accepting treatment at the IUN Dental Education Clinic, I also consent to future recare appointments for myself, my child or my legal ward until treatment has been completed.
- I understand that by accepting treatment at IUN Dental Education Clinic, I also give consent to the IUN Dental Education faculty to use all or part of the patient records or photographs in scientific writing for publication, in scientific journals or in the advancement of dental teaching. Confidentiality will be maintained in such cases.

By signing below, I am indicating that I understand the terms of the consent agreement and that I have the legal authority to give consent for myself, child or legal ward. I hereby give consent to IUN to perform these procedures:

- Examination
- Prophy (cleaning)
- Radiographs (x-rays)
- Local anesthesia
- Fluoride
- Sealants
- Oral Hygiene Instructions

All of my questions regarding this consent and agreement have been answered.

Patient Name (Please Print) :			
Patient/Guardian Signature:			Date: / /
Relationship to Patient: (circle one)	Self	Parent	Guardian
Witness Signature: (Office Staff)			

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CONSENT FOR RADIOGRAPHS (X-RAYS) RELEASE

Patient Name:	**Patient/Parent/Guardian Signature**:	
Date: / /	Circle One: Send x-rays Remain until further written notice Dental Office Email:	
Dentist's Name (First and Last):		
Dentist's Address:		
City:	State:	Zip:
Date Radiographs Sent: / /	Signature Clinical Care Coordinator:	
Digital or film series (circle one)	Type of series sent:	

*There may be a charge by your dentist for viewing and diagnosing the images for your treatment planning.

CONSENT FOR TREATMENT OF MINORS/LEGAL WARDS

To be completed by Patient's Parent/Guardian

I, _____, give consent for my child/legal ward, _____,
(Parent/Guardian, Print) (Patient Name, Print)

to be transported by _____, to Indiana University Northwest Dental Education
(Student Name, Print)

Clinic, 3400 Broadway, Gary, Indiana 46408.

I also give consent to have treatment rendered in my absence for the following services:

- Examination
- Prophy (cleaning)
- Radiographs (x-rays)
- Local anesthesia
- Fluoride
- Sealants
- Oral Hygiene Instructions

Date: / /	Phone number where you can be reached during treatment:
Parent/Guardian Signature:	

*This authorization will remain in effect for one year from the date of signature unless revoked in writing.

Revised 7/2023