



## Informed Consent

I understand and consent to the facts that:

- I am receiving treatment by a dental hygienist within the scope of hygiene practice, but not a dental examination. The dental exam will be done via telecommunication
- The information collected by the hygienist will be shared with a collaborating dentist and possibly other healthcare providers. This information may be shared in person, via phone communication and/or via email
- Any findings, follow-up recommendations or financial arrangements may be shared with me, my designated family member or responsible party as a way to help facilitate my oral healthcare
- While the dental hygienist may give me advice and suggest resources for possible further treatment, any continuing care I may require is the responsibility of myself, my designated family member or my responsible party

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Printed name of patient or other responsible party

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Signature of patient or other responsible party

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Date