



Consent to Dental Hygiene Services

Patient Name: _____

Date: _____

I authorize the Registered Dental Hygienist or whomever is designated to perform dental hygiene care on _____ (Name of patient). Dental Hygienists offer a variety of services that are within the scope of practice of Dental Hygienists in the province of Alberta.

Please indicate (by check mark) which services you are consenting to (present or future):

- X-rays
- Assessment – Intra/Extra oral, periodontal, hard tissue
- Cleaning – Scaling/Root planing
- Stain removal or polishing
- Oral hygiene instruction
- Topical application of Fluoride
- Chlorhexidine varnish (antibacterial)
- Other procedure(s) which may come up as required will be discussed prior (e.g. sealant)
- Denture cleaning/labelling
- (eg. temporary filling-Atraumatic Restorative Therapy (ART) or Silver Diamine Fluoride (SDF))

Relationship of person signing for patient (check one):

- Parent Medical Representative Public Guardian Self

Consent Signature: _____

I acknowledge that in the case of contact tracing with Covid-19 representatives of To The Root Dental Hygiene will release health information to the designated authority, _____(Initial).

I also give permission for To The Root Dental Hygiene to respond and proceed with addressing concerns of the facility or staff as an on call or emergency nature.

Select: Yes or No Initial: _____