

POLICY

CONSENT FOR TREATMENT

DEN 009

Appropriate consent for dental treatment will be obtained for all patients before initiating treatment according to Bullhook Community Health Center and Montana Law.

CONSENT TO PROCEED

A Consent to proceed form will be filled out for every patient receiving care in order to obtain general consent for treatment.

PROCEDURES REQUIRING SPECIFIC INFORMED CONSENT

Informed consent must be obtained for the following specific procedures:

1. Oral surgery and dental extractions.
2. Endodontics


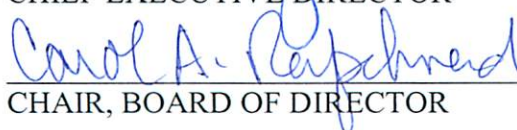
Tooth numbers for the proposed treatment should be placed on the written informed consent sheet.

For subsequent extractions or endodontic treatment, the original informed consent may be used by placing the date and tooth numbers at the bottom of the sheet or on the back with a place for the patient to sign and date the form.

Specific informed consent may be obtained for the following procedures if the dentist perceives the need:

1. Crown and bridge prosthetics
2. Full or partial dentures
3. Periodontal procedures
4. TMJ therapy
5. Orthodontics

Consent should be obtained both in writing and verbally with documentation placed in the chart.

 <hr/> CHIEF EXECUTIVE DIRECTOR	Date: <u>9-12-16</u>
 <hr/> CHAIR, BOARD OF DIRECTOR	Date: <u>9-12-16</u>

Date first adopted	05/20/2009
Date Revised/QI Board approval	05/06/2009, 08/31/2016
New date adopted/Board of Directors approval	05/20/2009, 09/12/2016