

Nevada Health Centers, Inc. Ronald McDonald Care Mobile Program Consent – Las Vegas

Nevada Health Centers, Inc. Ronald McDonald Care Mobile Dental Program provides dental care by licensed dental professionals on a mobile dental van. Periodically the dental work will be done by dental students or dental hygiene students who are under the direct supervision of a licensed dentist.

Upon written request by the patient, dental x-rays and/or dental records will be sent to another dental provider or will be released to the patient.

Patients must give 24 hours notice of cancellation. Patients canceling or failing to keep two or more appointments are not considered dependable and may be refused appointments in the future. Refunds cannot be given for service rendered.

Consent

I authorize the assigned dentist or dental student to complete any procedure necessary for dental care. I understand that such services as photographs, x-rays, fluoride treatments, fillings, extractions, nerve treatments, and local anesthesia, will be performed as necessary to restore dental health. I understand that any materials produced as part of treatment including, but not limited to, x-rays, charts, models, etc., are the property of the NVHC Ronald McDonald Care Mobile Dental Program. I also understand that my treatment and any materials created may be used as a discussion or patient demonstration as necessary for student learning. I further understand that from time to time student dental assistants and dental hygienists may be present in the clinic area during treatment.

	Treatment of Minors (under 18 years of age)
I,	am the parent of legal guardian of the patient (child)
named here	who is years of age.

I acknowledge and hereby agree on my own behalf, and on the behalf of my spouse, heirs, estate, and assigns, to release, discharge, and hold harmless Nevada Health Centers, Inc., subsidiaries and affiliates, and the officers, directors, employees, dental students, and agents of each from any claim for damages and personal injury arising out of the ordinary negligence of such parties in the rendition of any services.

I have received, read, understand, and agree to the policies described above. I accept the risk of substantial and serious harm, if any, in hope of obtaining beneficial results of this treatment as presented. I give my consent to NVHC to take photographs/videos of my child during his or her dental treatment. These may be used in promoting the NVHC Ronald McDonald Care Mobile Dental Program.

Patient (Child's Name)

Parent, Guardian (if under 18 years of age)

Witness

Date

THIS FORM MUST BE RETURNED FULLY COMPLETED OR TREATMENT WILL NOT TAKE PLACE.