CONSENT AND AGREEMENT FOR TREATMENT

Please read the following information carefully. After you have read this Consent and Agreement, please sign your name below to accept the terms of this agreement.

1. **Consent to treat**: As a consenting adult, I agree to permit the students, faculty, staff and residents of The University of Texas Health Science Center at San Antonio Dental School (UTHSCSA-DS) to provide dental care to myself, my child or patient representative as applicable.

2. **Teaching facility**: As a patient of UTHSCSA-DS, all treatment will be provided by faculty or by students or residents of the Dental School under the supervision of clinical faculty.

3. **Limitations**: Not all persons can be accepted as patients of UTHSCSA-DS. Persons with complicated medical conditions, rigid time requirements, and extremely difficult dental care needs may not be accepted. I understand that if I am accepted as a patient, my treatment at the UTHSCSA-DS may be limited, after which time I would need to find dental care outside the Dental School. As a patient of the UTHSCSA Dental Hygiene program, I understand that receiving dental hygiene care does not guarantee future Dental School treatment.

4. **Emergency care**: Emergency treatment for relief of severe discomfort is available for non-Dental School patients, but during normal business hours only. The emergency treatment provided to non-Dental School patients does not mean that the Dental School will continue to provide further non-emergency care.

5. **Treatment Plan**: Care and treatment at the Dental School takes longer than in a private dental practice. Appointments may be up to four hours long, and I, the patient and/or the patient’s representative must be prepared for multiple visits to complete my dental care needs.

6. **Right to discontinue treatment**: The UTHSCSA-DS has the right to discontinue treatment for any appropriate reason, such as, excessive cancellations. In such cases, the patient or patient’s representative agrees to accept full responsibility for pursuing alternate professional dental care. A letter will be sent informing the patient or patient’s representative that treatment is being discontinued. All records pertaining to the treatment and diagnosis of patients are the property of UTHSCSA-DS. Records and x-rays will be duplicated upon written request with a reasonable charge to the patient.

7. **Payment for services**: I am expected to pay for the treatment I receive. UTHSCSA-DS has the right to revise fees at any time, for any procedure which has not yet been started. During the course of my dental care, unexpected complications or new conditions may arise that may result in higher cost. If my treatment becomes too complex for a dental student to manage, it may be necessary for me to be referred to one of the specialty training programs to receive the care I need. Should this occur, I understand that I will be expected to pay the specialty training program fee for the treatment.

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