



DENTAL HYGIENE DIRECT

PRACTICE OF JESSICA L. WOODS, RDHAP

INFORMED CONSENT FOR DENTAL HYGIENE SERVICES

Patient Name: _____

A comprehensive periodontal evaluation and oral cancer screening will be done to assess any abnormalities that may exist. This includes assessment of pocket depths, bleeding on probing, recession, mobility and furcation involvement of the gums and bone that support your teeth.

I hereby give Jessica L. Woods, RDHAP permission to complete all necessary evaluations to determine a treatment plan for my current oral condition.

Patient Signature: _____ **Date:** _____

Following a comprehensive periodontal evaluation and oral cancer screening, the follow treatment has been recommended:

- Oral Prophylaxis (Preventative Cleaning)
- Scaling/Root Planning: UR LR UL LL
- Periodontal Irrigation
- Topical Anesthetic
- Periodontal Maintenance: Every ____ Months
- Fluoride Treatment
- Desensitization: UR LR UL LL
- Partial/Denture Debridement: PUD PLD FUD FLD
- Oral Hygiene Instruction
- Referral: _____
- Other: _____

RDHAP Signature: _____ **Date:** _____