

CONSENT TO TREAT

I HEREBY AGREE TO EXAMINATION AND TREATMENT AT THE CREIGHTON UNIVERSITY SCHOOL OF DENTISTRY CLINIC, SUBJECT TO THE FOLLOWING CONDITIONS:

1. All treatment is provided by students under the supervision of the clinical teaching staff. Because of the complex nature of some treatments, not all patients can be appropriately treated in a school setting. More time is required by students to complete your care than in a private dental office.
2. The Dental School accepts patient applications from all people regardless of sex, age, race, religion, color, ethnic origin, or disability status.
3. Student availability in the clinic is limited by other academic requirements. It is important to the student for you to keep your appointments. Please notify the dental school (402-280-5990) at least 24 hours in advance if you must cancel an appointment. Treatment may be discontinued for patients who fail two appointments without prior notification, who are constantly late for their appointments, who repeatedly cancel appointments, who fail to practice acceptable oral hygiene, fail to follow treatment directions, or who are uncooperative with students and staff.
4. Services are provided on a pay-as-you-go basis. Payment is expected at the time of service. Insurance payments are accepted following approval of pre-treatment estimates. Those charges not covered by insurance remain your responsibility.
5. Clinical fees are subject to change.
6. If your account goes to collections, you will no longer be eligible to be a patient at the dental school.
7. All records, x-rays, photographs, etc. are the property of the school and may be used for teaching or clinical demonstration. Copies of records will be furnished upon written request. There is a fee for copies of records.
8. A parent or legal guardian must accompany children to each appointment but must stay in the reception room. We may have questions about your child and only the parent or legal guardian may give us consent to proceed with treatment.
9. If your child has asthma and uses an inhaler, please remember to bring the inhaler. Without an inhaler, for the safety of your child, we may not be able to treat your child that day.
10. If you have questions or concerns about your treatment, you may consult the Clinic Director at 402-280-5124.

I have reviewed the above policies.

Signature of Patient or Legal Guardian

Date