

# Application for patients who would like treatment by dental students or student therapists

This form gives us the information to make you an appointment to see whether or not you are suitable for dental treatment by our students. Please read the information on the accompanying sheet and then answer the questions below.

Title (please circle) Mr Mrs Miss Ms Dr Other

Surname

Forename

Date of Birth

Address

Telephone number

Mobile number

Are you registered with a dentist?  
(please circle) YES NO

Dentist's name and address

General medical practitioner's name and address

Do you need an interpreter? YES NO

If YES, which language?

Have you been to this hospital before? YES NO

If YES what is your hospital number?

Do you have any of your own natural teeth? YES NO

Please return to: Student Referral, 2<sup>nd</sup> Floor, Charles Clifford Dental Hospital, Wellesley Road, Sheffield, S10 2SZ.

## **INFORMATION FOR PATIENTS WHO WOULD LIKE DENTAL TREATMENT BY STUDENTS**

Thank you very much for your interest in having dental treatment carried out by our students. Our students have careful training before they are allowed to work on clinics, but they need to treat patients before they can leave the Dental School.

Your treatment will be completed to a high standard. However, the students are learning and receive close supervision. Therefore treatment takes longer than with a qualified dentist.

We need to keep a careful balance of the right patients for our students. Some patients are not suitable for them. If that happens then we have to advise those patients to find a dentist. If we cannot meet the needs of potential patients, we will be doing them a disservice by accepting them for treatment.

If you are already registered with a dentist please note that we cannot take you on for treatment.

### **Here is the way we work:**

1. At your first appointment we will examine your mouth thoroughly.
2. If your treatment needs are suitable for our students we will place your name on a waiting list. Our lists vary in length from weeks to months, depending on the time of year and the type of treatment you need.
3. We will allocate you to a student who is trained to provide the treatment you need.
4. After your treatment is finished, your student may arrange check-up appointments for you or you may be discharged from the hospital.
5. If your student passes their Final examinations and your treatment is not finished, we will pass you on to another student. There may be a short period of discontinuity in your treatment until we are able to re-allocate you to a new student.
6. If your student passes their Final examinations and your treatment is finished, you will be discharged to register with a local dentist. The rapid turnover of students limits our capability to provide effective maintenance. This will be best undertaken by a local dentist.
7. Your student has a timetable. They will only be able to give you appointments at certain times of the week, and for some types of treatment, at certain times of the year. **We are only able to accept you for treatment if you are able to attend during office hours and fit in with the student's timetable.** Sometimes they will not be able to see you for several weeks but if you have an emergency during that time we will arrange for you to be seen by another student.
8. If your attendance at booked appointments is poor, we may remove your name from our patient list.

I have read and understood the above information.

**Patient's signature .....** **Date .....**