Welcome and thank you for your interest in the University of Colorado School of Dental Medicine (UCSDM). The School of Dental Medicine is able to provide dental care to many patients while providing a clinical education for our dental, international, and post-graduate programs students. Please read the following general information about becoming a patient of the school and general consent for treatment carefully.

In order to become a patient of the School of Dental Medicine, each patient is scheduled for an initial screening appointment to determine if the patient’s dental needs can be provided by the student and/or resident. Unfortunately, we cannot accept all patients who apply.

**Red Flag Rules:** In compliance with the FTC’s, “Identity Theft Red Flags” program, the UCSDM is taking steps to help ensure the security of our patient’s personal information. This process is done by verifying the identity of all patients during their visits to the School of Dental Medicine. All patients are required to present valid photo identification such as, Colorado driver’s license, Colorado identification card, passport or other government-issued photo identification at each appointment. In addition, all patients at the initial appointment will be photographed.

**LEP Compliance:** In compliance with "Title VI - Limited English Proficient (LEP) Compliance," the UCSDM has a free Interpreter Service available upon request for patients during the course of treatment at the School of Dental Medicine. This includes interpreter services when patients do not speak or understand the language as well as for the hearing impaired.

**Screening Process:** Patients are accepted for treatment based on the type and difficulty of treatment needed as well as the availability of the students and residents. Patients are appointed for screening and will have an interview and preliminary clinical evaluation to determine the potential assignment to a student. During the screening, patients will receive a copy of the UCSDM Patient Rights and Responsibilities.

- Preliminary acceptance at screening in no way obligates the UCSDM to provide dental treatment and It does not assure the patient of assignment to a student or resident for treatment
- After screening or even partial treatment patients may be referred to another department within the UCSDM or, if the patient’s case becomes too complex, patients may be referred to a dentist or dental specialist in the community
- **No treatment will be provided at the screening appointment**

**Patient availability:** Due to the limited nature of the schedule of UCSDM, patients must have a flexible schedule in order for treatment to progress satisfactorily. All appointments at the school will take about 1/2 day for either the morning or afternoon. Each patient is expected to have four (4) possible appointment choices for any given week.

**Student availability:** In addition to treating patients at the UCSDM clinic, each student and resident is responsible for completing a number of rotations outside the institution. This combined with the Academic calendar can produce large gaps in appointment scheduling. In addition, you may be assigned to several dental students because of any of the following including but not limited to:

- Graduation of a student or resident
- Complexity of your case
- Procedures needed by other students
- Student or resident is on a prolonged clinical rotation

**Fees and Payment of Services:** Dental care is NOT provided free of charge. However, as a teaching institution, UCSDM's fees are substantially reduced from that of private practice. This courtesy is extended to patients due to the increased time required for care. Payment plans are NOT available because of the reduced fees; therefore, patients are expected to pay for services at the time of the appointment. Any treatment that involves laboratory costs, such as dentures and crowns must be paid in advance of the procedure. Cash, personal checks, VISA and MASTERCARD, DISCOVER, and AMERICAN EXPRESS are accepted. Treatment plans and associated costs are subject to change.

Private dental insurance is not accepted in lieu of payment; however, the students or residents can assist in completing claim forms for the reimbursement of out-of-pocket expenses. Medicaid, which covers most dental care for qualified children under the age of 21, is accepted.

**Types of appointments:**

- **Screening appointment:** No treatment rendered at this appointment. This appointment is only to determine “if” acceptance into the UCSDM clinic is appropriate.
- **Emergency appointment:** The school provides emergency care for patients.
- **Comprehensive Clinical Evaluation appointment:** Typically two or more 3-4 hour long appointments consisting of comprehensive clinical exam, radiographic exam, periodontal exam, oral cancer examination, specialist evaluation and a comprehensive treatment plan evaluation. This means there can be three (3) or more appointment made and kept before any definitive dental treatment is started.
- **Clinical Treatment appointments.** Actual treatment is rendered after a comprehensive treatment plan has been developed and approved by the faculty and patient. This includes but is not limited to:
  - Dental filling: one or more appointment for “each” tooth.
  - Dental crown: most likely three or more appointments for delivery of “each” dental crown.
  - Dentures: 7 - 10 appointments depending on the complexity of the case. An additional time may be needed for extraction sites to heal before the denture process is started.
  - If patients do not have a flexible schedule for treatment to progress satisfactorily, patients should seek treatment in private practice.

**How soon will the appointments begin?** Patient assignments are based on the dental students' availability. Students are limited in the number of clinical sessions they have to treat patients due to the nature of the school’s schedule. However, the students are encouraged to call the patient as soon as possible to inform them of their availability.

**Length of appointment:** As faculty members supervise and evaluate the oral health care provided by the students, treatment will take much longer than in a private dental office. Thus, patients who have open and flexible schedules are considered an ideal patient to be
Emergency Clinic: The UCSDM provides emergency care for patients of record in good standing in our programs. If space is available, emergency care for patients who are NOT currently enrolled in our programs may be provided on a fee-for-service basis in the Walk-in Emergency Clinic. It should be noted that all fees must be paid at the time treatment is provided. The purpose of the program is to provide relief of emergency problems not to provide comprehensive treatment. Service is limited to diagnosis (finding the cause) of the patient's emergency and if appropriate, and treatment to control pain or infection.

General Dentistry Informed Consent for Treatment
This General Dentistry Informed Consent for Treatment includes but is not limited to:
- Local anesthesia and medicines
- Radiographs, photographs, and models
- Extracting teeth
- Restoring teeth with fillings or crowns /bridges
- Dentures or partial dentures
- Dental implants
- Root canals
- Other

I understand that specific informed consents may be made available for any or all of the above procedures. I understand that because of the very nature of any proposed treatment and the uniqueness of myself as an individual; no one can predict the certainty of any outcome or success of any dental treatment. I understand that dental treatment contains no guarantees, warranty, or assurance of success. Each individual case is unpredictable making it impossible to surmise results. I further understand that the results may NOT be to my complete and full satisfaction after treatment is complete and my condition may be the same, better or worse.

I have had an opportunity to ask questions about any policies of the UCSDM. These questions have been answered to my complete satisfaction.

I have read and understand the UCSDM Patient Rights and Responsibilities.

I have given an accurate reporting of my medical, mental, and dental health issues.

I consent to the taking of photographs, slides, videotapes and x-rays of my oral and facial structures and their publication for educational and scientific purposes.

I understand that if a prescription is written for a controlled substance, state law requires that certain prescription information, including my name, be entered into a secure database (Colorado's prescription drug monitoring program) when I fill this prescription at my pharmacy. Authorized prescribers of controlled substances and law enforcement, in limited circumstances, may access the database for allowed uses.

I authorize the faculty, residents and students of the University of Colorado School of Dental Medicine to provide General Dental Treatment to me or the minor listed on this form.

I, (@PatName) have read and understand all of the above patient information contained on this document and agree to abide by all of the procedures and conditions specified. I hereby give permission for diagnosis and /or treatment at the University of Colorado School of Dental Medicine for myself or for the minor child named in this document.

ELECTRONIC SIGNATURE TO BE AQUIRED