## Application for patients who would like treatment by dental students or 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 M	Mrs	Miss	Ms	Dr	Other	
Surname						
Forename						
Date of Birth						
Address						
Геlephone Number						
relephone rumber						
Mobile Number						
Are you registered with a dentist? (plecircle)	ease		YES			NO
Dentist's name and address						
General Medical Practitioner's name	and					
addi C55						
Do you need an interpreter?			YES			NO
If YES, what language?						
Have you been to this hospital before			YES			NO
If yes, what is your hospital numbe	r?					
Do you have any of your own teeth? Please return to: Student Referral, Road, Sheffield, S10 2SZ.	3 <sup>rd</sup> Flo	or, Charl	YES es Cliffor	rd Denta	l Hospi	NO tal, Wellesley

## INFORMATION FOR PATIENTS WHO WOULD LIKE STUDENT TREATMENT

Thank you very much for your interest in having dental treatment from 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 person.

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 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 2 weeks to 6 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 will arrange check-up appointments for you and any other treatment whilst they remain a student.
- 5. If your student passes their Final examinations and your treatment is not finished, we will pass you on to another student.
- 6. If your student passes their Final examinations and your treatment is finished, we will not give you more appointments. You can register with a local dentist or ask to go back into our system. Please remember, you may not be automatically selected for treatment.
- 7. Your student has a timetable. They will only be able to give you appointments at certain times. We are only able to accept you for treatment if you are able to attend during office hours. 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 you miss an appointment, you will need to contact us for another one. If you miss several appointments we may remove your name from our patient list.

I have read and understood the above information.

Patient's signature	•••	Date

Please return to: Student Referral,  $3^{rd}$  Floor, Charles Clifford Dental Hospital, Wellesley Road, Sheffield, S10 2SZ.