



DENTAL EXAMINATION

(Required for all Dental Assisting Applicants-To be completed within 4 months of Program start date)

_____ has applied for admission into the Dental Assistant Professional Program at Columbia College starting on _____ (Program start date).

Throughout the program, students will be required to act as a patient for fellow classmates for any of the following intra-oral procedures; Oral Inspections, Dental Dam, Preliminary Impressions, Coronal Polishing, Topical Fluoride, Dental Radiographs, Dental Probing, Gingival Retraction Cord, Desensitizing Agents and Pit & Fissure Sealants.

If a student begins the program with existing dental caries, abscesses or poor gingival health they may experience mild to severe discomfort when acting as a patient.

Also the inability to act as a patient can affect their progress in the program. For example; a student who is unable to have impressions taken on them will be at a disadvantage since our students pour casts from the impressions taken on them to use as dental models for their lab work.

Therefore; we ask that you certify to the best of your ability that the student is in good oral health and that any treatment plans involving:

- The removal of dental caries,
- The treatment of abscesses,
- Extractions (for example; the removal of third molars or root fragments)
- Dental scaling,
- Orthodontic Treatment*

Have or will be completed prior to the student starting our program.

*Students undergoing orthodontic treatment (full fixed banding) should have their treatment completed and removed prior to starting the program. The restriction does not include post-treatment retention (fixed lingual retention wires or removable retainers) or removable treatment aligners such as *Invisalign*.

Please note that a student may only be excused from a procedure as a patient with official medical/ dental documentation.

Thank you for your cooperation.

Please attach business card.

A large, empty rectangular box with a black border, intended for the applicant to attach their business card.



Please indicate if these procedures can safely be performed on this student and if there are any areas or teeth that are inappropriate.

Procedure	Yes	No	Location to be avoided, if any
Dental Dam			
Preliminary impressions and wax bites			
Coronal Polishing			
Topical Fluoride Application			
Desensitizing Agents			
Probing and Periodontal Screening & Recording			

Does this patient have any dental implants? YES NO If so; location _____

Can this patient have a PAN? YES NO Can this patient have a FMX? YES NO

If a FMX is not indicated, please check to indicate each radiographic exposure which may be exposed during clinical student activities:

RIGHT SIDE		ANTERIOR			LEFT SIDE	
<input type="checkbox"/> PA	<input type="checkbox"/> PA	<input type="checkbox"/> P <input type="checkbox"/> A	<input type="checkbox"/> P <input type="checkbox"/> A	<input type="checkbox"/> P <input type="checkbox"/> A	<input type="checkbox"/> PA	<input type="checkbox"/> PA
<input type="checkbox"/> BW	<input type="checkbox"/> BW	<input type="checkbox"/> P <input type="checkbox"/> A	<input type="checkbox"/> P <input type="checkbox"/> A	<input type="checkbox"/> P <input type="checkbox"/> A	<input type="checkbox"/> BW	<input type="checkbox"/> BW
<input type="checkbox"/> PA	<input type="checkbox"/> PA	<input type="checkbox"/> P <input type="checkbox"/> A	<input type="checkbox"/> P <input type="checkbox"/> A	<input type="checkbox"/> P <input type="checkbox"/> A	<input type="checkbox"/> PA	<input type="checkbox"/> PA

Date of most recent dental examination: _____

Does the student require premedication as a preventive procedure for a heart murmur or other condition: YES NO

Date of most recent scaling: _____

Is further scaling required prior to this student being a clinic patient? YES NO

I certify that this information is true and correct to the best of my knowledge and that the student is in good oral health.

Dentist's Name: _____ Dentist's Signature: _____ Date: _____

Personal information contained in this form is collected and will be used only for the administration of the Dental Assistant Professional Program.