

Dental Hygiene Post-Operative Care Agreement

Candidate Sequential: _____

~~Candidate ID:~~
PLACE ID LABEL HERE

Test Site: _____

Cubicle #:

There are two copies of this document in your white envelope:

1 completed copy is given to the patient

1 completed copy is returned in the white envelope

The nature of this examination process has been explained to me. I understand that the procedure(s) performed by the examinee (candidate) as part of the examination process were to determine the qualification of the dental hygiene examinee (candidate) for licensure. I understand that the treatment provided during this examination does not constitute complete treatment and does not represent a total health care procedure. I understand that I will need to make other arrangements to finish any treatment begun here today.

Patient's Signature

Date

Candidate's Signature