**Elective Oral Examination Consent/Refusal Form**

You have just received a dental readiness inspection. Job Corps recognizes the importance of good oral health throughout your life span. There is no better time to start than today. This first inspection is the only one required for all Job Corps students. The purpose of this inspection was to see if you had any obvious dental issues that need to be taken care of right away.

If you want dental care or a thorough dental check-up, your next step is to have an oral examination with the Center Dentist. This examination will include x-rays and a plan to treat your oral health needs. Your eligibility to receive basic oral health care is based upon a priority system. Job Corps pays for basic dental services such as teeth cleaning, fillings, and extractions.

# We recommend that you schedule an oral examination today, but the decision is up to you. If you decide that you are not interested in receiving an oral examination, but change your mind in the future, you can come to the Health and Wellness Center to make an appointment. If you have questions, talk with a nurse or a member of the oral health staff.

# *Check one of the following:*

* **Yes, I want to schedule an oral examination.**
* **No, I do not want to schedule an oral examination at this time.**

Patient (student) Signature Date

Witness Signature Date

Parent/Legal Guardian Signature (if student is under 18) Date

**Oral Health Treatment Consent/Refusal Form**

During your oral examination, the Center Dentist recommended a treatment plan, if time and resources allow, that includes:

These are the benefits of following the recommended treatment plan:

These are the risks of not following the recommended treatment plan:

These are the alternatives to the recommended treatment plan:

It is up to you whether or not to follow the Center Dentist’s treatment plan. Ask any questions you may have regarding your plan before signing this form.

*Check one:*

* **Yes, I want to receive treatment.**
* **No, I do not want to receive treatment at this time.**

Patient Signature (or parent/guardian of minor) Date

Witness Signature Date

Parent/Legal Guardian Signature (if student is under 18) Date