

TRI-COLLEGIATE DIPLOMA OF MEMBERSHIP IN SPECIAL CARE DENTISTRY

PATIENT CONSENT FORM

This form should be completed and placed in an envelope with all the other forms relating to the clinical case presentation.

The envelope should then be handed to the Examination Section which receives the clinical case presentation.

A signed consent and declaration must be submitted for each case presentation.

All candidate and patient information is handled in accordance with the Data Protection Act 1998.

To be signed by the candidate:

I confirm that I have personally carried out the treatment for this patient.

Candidate Name (print)

Candidate Signature

To be signed by the patient, parent or guardian:

I understand that the dental treatment documented is for use in the Membership in Special Care Dentistry Examination and I agree for this to be submitted to the relevant College. I understand that my son's/daughter's/ward's case history may be sent/uploaded to an address/secure webpage for scrutiny by examiners but that this information will never be in the public domain. In the unlikely event that the College needs to contact me regarding any particulars of my case I agree to the College contacting me directly and confidentially at the address below:

Patient name (print)

Patient date of birth

Patient, parent or guardian's signature

Patient, parent or guardian's printed name

Postal address

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Telephone number.....

Email Address

Patient contact details will be held securely by the College until the examination has been completed and the candidate has received their result, after which the details will be confidentially destroyed after the 28 day appeal period has ended.