



DENTAL ASSISTING STUDENT DENTAL HEALTH EXAMINATION

As a student in the SAIT Dental Assisting Program, you will assume the role of “patient” many times throughout the year. Therefore, it is critical that each student has a thorough dental examination and complete treatment before entering this course of study.

NOTE: Students, who require scaling/root planing or restorative treatment, must have treatment completed **1 month** prior to program orientation.

Please have your dentist complete the attached form indicating that all dental requirements have been met and bring to the program orientation.

Name of Dental Student: _____

Dental restorative procedures completed on (yy/mm/dd): _____

Scaling and root planing completed on (yy/mm/dd): _____

Dentist Name (Please Print): _____

Address:

Comments:

This student is suitable to assume the role of “patient” in the SAIT Dental Assisting program for the following procedures. Check (√) if suitable for the following procedures:

- Oral examination
- Dental probing
- Polishing and fluoride application
- Intra-oral impressions
- Application and removal of rubber dam
- Enamel sealants

Dentist Signature: _____ **Date:** _____