

DENTAL ASSESSMENT

DENTAL ASSISTING CANDIDATE/PATIENT: _____

OC STUDENT NUMBER: _____

This form must be returned no later than February 28th to:

Okanagan College
Admissions Office
1000 KLO Road
Kelowna, BC V1Y 4X8

A. Please arrange an appointment with YOUR REGULAR DENTIST to have the following completed.

ALL NECESSARY REGULAR DENTAL TREATMENT MUST BE COMPLETED OR IN PROGRESS PRIOR TO YOUR COMMENCEMENT OF THE DENTAL ASSISTING PROGRAM .

DENTIST:

1. How long has this person been your patient? _____

2. Has all necessary regular treatment been completed? _____

3. Is any dental treatment in progress? (This includes orthodontic treatment as this interferes with the student's ability to be a patient for some procedures) _____

If yes, what date will this be completed? _____

4. If this candidate is registered in the-1.735 Td ((at)-1cDi)3.1(en(t)-1.1(he))Ta Td ((l)-11i)3.1(A) ((-1.1)-1.13.1(s)-8) rubber dam, topical flourid