Dundee Dental Hospital and School

Information about treatment provided by dental students

- By attending the undergraduate student clinic at Dundee Dental Hospital & School (DDH&S), you accept that your dental treatment will be carried out by undergraduate dental students under the supervision of a suitably qualified dentist or dental therapist.

- Student clinics are not covered by national waiting time standards and are available Monday to Friday (9am-3.30pm) during University term time only.

- Treatment will take longer to complete than at a high-street dental practice as students work slower than fully qualified dental professionals.

- Appointments with students normally take around 90 minutes. If a longer appointment will be needed, the student will inform you. Please consider this when arranging parking if you are travelling by car.

- We cannot guarantee that all your treatment will be carried out by the same student or under supervision of the same qualified member of staff.

- Some types of treatment (e.g. implants and tooth whitening) are not offered on our undergraduate student clinics.

  **Your treatment will be provided for free, but the cost is your time and commitment**

- If you are unable to attend the student clinic, when required, then the offer of student treatment at DDH&S will be withdrawn.

- If you do not turn up to your appointment, then the offer of student treatment will be withdrawn and you will be asked to contact your own dentist or register with a dentist if you do not have one.

- If you can no longer attend an appointment, please contact DDH&S to cancel the appointment as soon as you know that you will not be able to attend. This may allow another patient to take your appointment. The telephone number will be on your appointment letter.

- If you require emergency dental treatment this should be undertaken by your own dentist. If you are not registered with a dentist use the following link to find out how to access emergency dental treatment - [http://www.nhstayside.scot.nhs.uk/OurServicesA-Z/Dental/index.htm](http://www.nhstayside.scot.nhs.uk/OurServicesA-Z/Dental/index.htm)

- Once your course of treatment is complete, you may be discharged from the dental school clinic. We cannot guarantee ongoing review at the dental school.

- If your treatment is not suitable for students, or if it is too complex, then you will be informed about this and asked to contact your own dentist or register with a dentist if you do not have one.

- NHS Tayside and the University of Dundee have a zero tolerance approach to inappropriate behaviour. If at any point a patient or carer displayed inappropriate behaviour towards any student or member of staff, treatment will be immediately withdrawn.
*For an appointment on the screening clinic for dental student treatment*

**Dundee Dental Hospital & School**

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### PATIENT DETAILS – Please print clearly

*On completion, return to main reception when attending your appointment*

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<thead>
<tr>
<th>Surname</th>
<th>Mr</th>
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<tbody>
<tr>
<td></td>
<td>Mrs First Names</td>
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<tr>
<td></td>
<td>Miss</td>
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<tr>
<td></td>
<td>Birth Surname</td>
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<td>Sex (please circle): MALE</td>
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<tr>
<td></td>
<td>FEMALE</td>
</tr>
<tr>
<td>Address</td>
<td>Tel. No</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Occupation</td>
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**DEPARTMENT NAME AND ADDRESS**

**DOCTOR'S NAME AND ADDRESS**

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Have you attended the Dental Hospital previously?  YES  NO

Approximate date of attendance

Patient has been resident in the UK for the past twelve months?  YES  NO

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### CONFIDENTIAL MEDICAL HISTORY

Prior to any dental treatment being undertaken it is important that we obtain a detailed medical history from you. This is for your own protection as your medical history may have a bearing on the dental treatment we carry out.

Before a medical history is taken, we need you to answer a few preliminary questions:

**Please answer each question**

What is your height?

What is your weight?

<table>
<thead>
<tr>
<th>Yes or No</th>
<th>Further Details</th>
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Are you an expectant mother?

Have you visited your own doctor in the last six months?

Have you been seen by a Hospital Specialist outwith the Dental Hospital in the last year?

Is there any other clinic attendance you wish to discuss in confidence?

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Signature: ..........................................................  Date: ..................................

Relationship to Patient:  Self / Parent / Other (Delete as applicable)

DDH7