

Dear Dental Health Care Provider:

The Dental Hygiene Program at the University of Alaska Anchorage requires that students participating in this program be in good dental and periodontal health.

If the student has dental decay, a treatment plan must be in place. If the student has periodontal disease, they must be appointed for periodontal therapy either in private practice or in the UAA Dental Hygiene Clinic.

_____, is currently a student attending the UAA Dental Hygiene Program. This student gives permission for this information to be released to the dental programs at University of Alaska Anchorage.

Student Signature

Date

Does this patient currently have any dental decay? No Yes

If yes, please list the area(s) of decay and the treatment plan. (Include dates for these restorations to be completed.)

Date of last prophylaxis: (if known) _____

Patient's periodontal status: _____

Print Provider's name

Telephone number

Signature

Date