



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 Dental Assisting Program, as part of the instruction, he/she would be provided with the following dental procedures: dental radiographs, selective polishing, application of rubber dam, topical fluoride, diagnostic data (i.e. study model impressions, pulp vitality testing), and we request your permission to perform these services.

YES _____ NO _____

DENTIST – PRINT NAME

DENTIST – SIGNATURE

DATE

B. It is recommended that you spend ONE FULL WORKING DAY observing in a Dental Office (general dentistry), prior to your orientation at Okanagan College to familiarize yourself with your chosen career. Please approach your regular dentist or another dentist of your choice to arrange a suitable date.

DENTIST: Please do not consider this section as a "Letter of Reference". However, if this candidate has been given the opportunity to spend a day in your office, or he/she has been a patient for more than a year, your comments will help us identify applicants who may require further counselling regarding their career options.

COMMENTS:

DENTIST – PRINT NAME

DENTIST – SIGNATURE

DATE