

H. COUNCILL TRENHOLM STATE COMMUNITY COLLEGE
DENTAL ASSISTING PROGRAM
1225 AIR BASE BOULEVARD * MONTGOMERY, ALABAMA 36108
DENTAL FORM

I am applying for admission to the Dental Assisting Program at H. Councilll Trenholm State Community College. I authorize you to send to the College all information requested.

Signature of Student

Date

Please provide the following information concerning:

Ms./Miss/Mrs./Mr. _____

Does this person have any disease or problems with the oral cavity that would hinder him/her from performing dental assisting duties that would pose a threat to the health and safety of self or others?

Yes _____ No _____

If yes, please explain _____

In your opinion, is this person physically and mentally able to perform duties of a chairside Dental Assistant? Yes _____ No _____

Please make any further comment(s) and/or recommendation(s) i.e. replacement of colored anterior restorations or repair of decayed or missing teeth and return this form to the Dental Assisting Coordinator at the above address.

Date of Dental Exam _____

How long has this patient been under your care? _____

Print Name of Dentist

Signature of Dentist

Address

Telephone Number

City

State

Fax Number

It is the official policy of the Alabama Department of Postsecondary Education, including all postsecondary institutions under the control of the Alabama State Board of Education, that no person shall, on the grounds of race, color disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program, activity or employment.

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