



- b. Radiographs are taken at the clinic dentist's discretion. Radiographs are required for **ALL** new patients. A new patient is considered someone that is not in our electronic dental records and/or does not have a previous paper chart.
- c. If a radiograph is needed to diagnose an area of concern or for the purpose of student teaching, the patient will allow the final determination to be decided by the licensed dentist. Failure to allow radiographs will result in termination of services. Radiographs are necessary to diagnose any and all dental needs.

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**Fees**

- a. Fees will be determined upon completion of the oral evaluation during the initial assessment appointment. Payment is due following the initial appointment. We do not file insurance claims. We will provide you with a receipt for your dental claim after payment is rendered.

**Request for Treatment and Release from Liability**  
**UAA Dental Clinic Programs**  
**Please Read Carefully**

The purpose of our services is educational; services require long appointments to assist students with meeting learning requirements.

Students are required to obtain a complete medical and dental history for each patient prior to initiating services. Such information is essential for the performance of adequate dental services and is considered confidential. We utilize open operatories for educational purposes. If you prefer more privacy to discuss your concerns, please inform the student or staff.

**Authorization and Release**

- A. I authorize the performance of the following services on the above named person: oral prophylaxis, fluoride applications, dental x-rays, restoration placement and finishing, crowns and other dental services including, but not limited to local anesthesia as deemed advisable by the supervising dentist.
- B. I consent to the photographing or televising of the procedures or operations for dental, scientific or educational purposes, providing my identity is not revealed.
- C. I consent to visitor observation of services performed. I understand that the services will be performed by a dental *student* under the guidance of a professional dental instructor and the direct supervision of a licensed dentist.
- D. I request treatment afforded through the Dental Clinic Program of the University of Alaska Anchorage, for myself and/or on behalf of my minor child or children. In consideration of receiving treatment, on behalf of myself, my heirs, executors, administrators, or assigns and on behalf of my minor child or children and assigns, I agree to indemnify and save harmless the University of Alaska, its Board of Regents, officers, agents, employees and students from and against all claims, demands, judgments, costs and expenses (including reasonable attorney's fees) which