

Contract of Affiliation - Participating Dentist's Agreement

(Practice-site) this is a student's place of employment where they are supervised by their employer, the participating dentist agree to:

- Provide lecture, laboratory and clinical instruction to the students prior to the student performing any radiographic techniques at the stated site.
- Provide both participating dentist (the dentist that will be overseeing the students practice in their home office) and student with criteria for an acceptable full mouth radiographic survey.

Participating Dentist Agrees:

- That the facility, where the student will be performing full mouth radiographic surveys on patients, meets and maintain all state requirements. I will assure that the participating student will not be interrupted; and the student will follow all radiation safety protocol while taking said exposure on each patient.
- Ensures that the student exposes a minimum of two full mouth radiographic surveys that are of diagnostic quality. Each survey should have a total of 18 films: four bitewings and 14 periapical radiographs. All exposure shall be made with size #2 double film packets
- There shall be no more than three retakes for each full mouth survey taken as homework.
- To evaluate the students full mouth radiographic survey with the Criteria sheet provided by Fullerton Dental Assistant School. The student will also be required to self-evaluate his or her work with the same criteria sheet.
- To maintain a medical history on any patient that had a full mouth set of radiographic performed on them.

Any Infraction of the above agreement be either party may result in termination of the above agreement. This agreement may also be terminated by either party for any reason, with a 30 day written notification.

A written **Contract of Affiliation** must be obtained before any radiographs can be performed by the students. This form must be completed and presented to the course instructor at the first day of class.

_____ is not responsible for workers compensation insurance or malpractice insurance for students assigned to this facility.

This is a mutual agreement between the offices of:

Participating Dentist Name: _____

Participating Dentist Signature: _____

License #: _____ Exp. Date: _____

Address: _____

City/State/ Zip: _____ Phone: _____

Students Name: _____ Date: _____

Student's Signature: _____

Fullerton Dental Assisting Program

Prescription for X-Ray

Doctor's Name: _____ License Number: _____

Street Address: _____

City: _____ Zip: _____ Phone: _____

E-mail address: _____ would you like to e-mail or mail your x-rays to you.

Please take _____ x-rays on my patient _____

For diagnostic purposes. These x-rays are my property and a copy may be retained in Fullerton Dental Assisting Program files for no less than five years for licensure purposes for:

Student Name: _____

Doctor's Signature: _____

Date: _____