

**RDH Communications LLC  
Mobile Dental Hygiene Services**

## Consent to Hygiene Care:

**Patient First Name** \_\_\_\_\_  
**Patient Last Name** \_\_\_\_\_  
**Patient Birthdate** \_\_\_\_\_

### BACKGROUND

The 2017 Wisconsin Act 20 Practice of Dental Hygienists specifies that, in settings other than a dental office, the authorization and presence of a licensed dentist are not required for the practice of dental hygiene. Under prior law, the permission and presence of a licensed dentist were necessary in most cases. Please visit our website at [www.rdhcommunications.org](http://www.rdhcommunications.org) for more information on "Place of Service".

### DIRECT ACCESS

You need to understand the scope of what a dental hygienist can and cannot do. A hygienist can see patients to provide oral hygiene advice and remove stains, tartar, bacterial deposits, and other debris. In relation to gums, the hygienist can advise you on the progression of gum disease, but more advanced conditions need to be assessed by a dentist, and the hygienist then continues treatment under the prescription of the dentist. Dental hygienists cannot diagnose or give the prognosis (the likely outcome) of diseases such as decaying and broken teeth, or prescribe antibiotics, painkillers, or any other drugs to alleviate symptoms.

### Reminder:

**Visits from our direct-access dental hygienists are not a substitute for routine dental checkups with a licensed dentist.**

### REFERRAL TO A DENTIST

If the hygienist advises you to see a dentist, it is because they feel that it is in the interests of your health, it is outside the scope of what they are legally allowed to do, or they are uncertain about treating you without further advice.

There are very rare circumstances when a hygienist cannot start treatment, and before they are prepared to continue, insist that a dentist assesses you. These may relate to your medical history and general health, or the condition of your mouth, which gives them concern.

### CONSENT

I, \_\_\_\_\_ (patient name and/or legal guardian) have read and understand the limitations of direct access to a dental hygienist and agree to be treated under the direct access arrangements. I understand that the hygienist is not responsible for the overall health of my mouth and that regular visits to a dentist are still required.

**Legal Guardian Signature and/or patient signature**

\_\_\_\_\_

Date \_\_\_\_\_

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Medical History:

PLEASE HAVE A MEDICAL HISTORY SUMMARY AND MEDICATION LIST ATTACHED TO THE CONSENT FORMS.

LEGAL GUARDIANS AND/OR PATIENTS MAY REQUEST THIS INFORMATION FROM THEIR LIVING FACILITY, OR PRIMARY DOCTOR.

IF THE MEDICAL HISTORY SUMMARY AND MEDICATION LIST ARE NOT ATTACHED, PATIENTS CAN COMPLETE THEM THROUGH AN ONLINE PORTAL TO WHICH RDH COMMUNICATIONS CAN GRANT THEM ACCESS.

CHECK MARK WHICH APPLIES:

I will provide a medical history summary and medication list from my current medical provider.

I would like to complete the medical history form provided by RDH Communications LLC and request online access.

Please email any Medicaid insurance or legal guardianship papers to [info@rdhcommunications.org](mailto:info@rdhcommunications.org)

THANK YOU!