

[Date]

[Patient Name]

[Date of Birth]

Dear [Clinic Name or Dentist Name],

I am writing to inform you that your patient of record, [insert name of patient] has requested mobile dental hygiene services from us at, [insert name of practice] for ongoing dental hygiene care and comprehensive oral health management.

We are registered under the Extended Practice Roster of the College of Dental Hygienists of Manitoba ("CDHM"), which permits us to carry out included practices of scaling and root planning above and below the gumline, performing debridement and curettage below the gumline and administering oral anaesthetic without the supervision of a dentist.

Under Section 2(1) of The Dental Hygienist Regulation, a dental hygienist may perform an included practice in a setting approved by the patient's dentist. Prior to treatment, The Dental Hygienist Regulation requires a dental hygienist assess a patient's health record to ensure that the patient does not have an oral health or other medical condition that could affect the appropriateness or safety of the procedure and that the patient is not taking a drug or a combination of drugs with which the dental hygienist is unfamiliar, or which could affect the appropriateness or safety of the procedure.

We prioritize collaboration with all dental providers and understand the importance of continuity of care. We will note any suspect findings and refer them promptly to you for your review. We also advise all patients to visit their dentist on a regular basis for an examination and radiographs.

Please sign the consent below and return to our e-mail at [insert email address] to confirm acknowledgement of the patient's request for mobile dental hygiene services and the approval of dental hygiene services in an alternative practice setting.

Should you have any questions or require further information, please contact us at [insert info].

Best regards,

Dental Hygienist

Dentist Consent

I am the dentist of the above referenced patient. I acknowledge the patient's request for mobile dental hygiene services, and I provide my consent for the patient to have dental hygiene services in an alternative practice setting by [insert name of practice]. This consent will remain in effect until it is revoked by me.

Dated the _____ day of _____, 20____

Name of Dentist

Dentist Signature