



Dental Office Observation Form Program Application Requirement

**DUE TO DH Program by:
CLOSE OF APPLICATION
PERIOD**

To the Dental Professional:

The Southwestern College Dental Hygiene Program requests that prospective dental hygiene students observe the dental procedures outlined below to gain a clearer understanding of the dental and dental hygiene professions. We sincerely appreciate your time and willingness to welcome students into your practice for this valuable learning experience. Our goal is to help prospective students make well-informed decisions regarding their career path.

This form must be completed and signed by the supervising dentist and dental hygienist.

Please sign in the designated areas below. A total of **four (4) hours minimum** combined observation time is required.

Student Name: _____

1. Observation of a dental hygienist performing initial therapy with anesthesia on a root planing case.

Dental Hygienist: _____	Date: _____
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Total Hours: _____

2. Observation of radiographic imaging and/or composite procedures performed by a dentist and dental assistant.

Dentist: _____	Date: _____
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Total Hours: _____

3. Observation of a complete recall prophylaxis appointment and scaling/root planing.

Dental Hygienist: _____	Date: _____
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Total Hours: _____

4. Observation of infection control procedures in a dental office, including operatory set-up and breakdown, cleaning, and instrument sterilization.

Dental Hygienist: _____	Date: _____
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Total Hours: _____

5. Observation of front desk operations: reception, appointment scheduling, and patient release.

Office Manager: _____	Date: _____
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Total Hours: _____

Dental Office Information:

Business Name: _____

Address: _____

Phone Number: _____

Signature of Supervising Dentist: _____ **Date:** _____