

Dental Office Observation Form (Version 2026)

Program Application Requirement

DUE TO DH Program by

To the Dental Professional:

The Southwestern College Dental Hygiene Program asks that prospective dental hygiene students observe the following dental related procedures in order that to gain an understanding of dental and dental hygiene practices. We appreciate your time in allowing students to observe you in your workplace. Our goal is that potential students will be better informed regarding their chosen career path. This form must be completed and signed by the dentist/hygienist regardless of employment experience prospective student.

Please sign in the indicated spaces below. Total observation must equal a minimum of 4 hours.

Student Name: _____

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

Dental Hygienist:

Date:

Dentist:

Date:

Tel#: ()

Total hours:

Printed Name:

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

Dentist:

Date:

Tel#: ()

Total Hours:

Printed Name:

3. Observation of an entire recall prophylaxis appointment and scaling root planning.

Dental Hygienist:

Date:

Dentist:

Date:

Tel#: ()

Total Hours:

Printed Name:

4. Observation of infection control procedures in a dental office to include: operatory set-up and breakdown, cleaning and sterilizing instruments.

Dental Hygienist:

Date:

Dentist:

Date:

Tel#: ()

Total Hours:

Printed Name:

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

Office Mgr.

Date:

Dentist:

Date:

Tel#: ()

Total Hours:

Printed Name:

Dental Office Information

Business Name: _____

Address: _____

Phone Number: _____