RCSC Form#5

SWVTC – REGIONAL COMMUNITY SUPPORT CENTER
Hillsville, Virginia

CONSENT FOR MEDICAL/SURGICAL TREATMENT

This is to authorize the provision of routine medical treatment that is deemed necessary for _____ by the Medical Staff of SWVTC.

It is understood that surgery will not be performed without consulting me and obtaining my written permission.

In the event of an emergency, every effort will be made (via telephone or telegram) to contact me. However, in the event I cannot be reached, this form is to serve as authorization for SWVTC staff to arrange for and/or to perform whatever emergency surgical treatment (including the administration of anesthesia) is considered necessary. I also consent to the disposal (by personnel or agents acting for SWVTC) of any tissues or parts which may be removed in an operative procedure.

*_____ _____

Client/Parent/Guardian Date

CONSENT FOR DENTAL TREATMENT

This is to authorize the provision of routine dental treatment that is deemed necessary for _____ by the Dental Staff of SWVTC. I understand that routine dental treatment often necessitates the use of anesthesia or sedatives, as well as a medical restraint device to assist the dental procedure, and I authorize the use of these medications and or medical restraint. It is understood that elective dental surgery will not be performed without consulting me and obtaining my written permission.

Routine Dental Care consists of:	**Circle One**	
a) Prophy: (Cleaning of teeth)	YES	NO
b) Periodontics: (Gum Surgery)	YES	NO
c) Restorative: (Filling of Cavities and Cosmetic Fillings)	YES	NO
d) Extractions: (Pulling teeth for the following reasons:)	YES	NO
• Abscessed Teeth		
• Teeth extremely loose causing pain		
• Teeth too broken down to be filled or capped		
e) Endodontics: (Root Canal)	YES	NO
• The removal of the nerve from the inside of the tooth to relieve pain, to relieve infection, and to save the tooth.		
• After completion of the root canal the tooth requires a filling and/or cap to complete the process.		
f) Crown: (Placing a cap over the tooth)	YES	NO
g) Bridge: (To replace missing teeth)	YES	NO
• The tooth in front and behind the missing teeth have to be ground down to hold and secure the bridge permanently in place.		
• The bridge is cemented in position and is not removable.		
h) Removable Partials: (To replace missing teeth)	YES	NO
• No teeth are required to be ground down.		
• The teeth are removable.		
i) Dentures: (To provide teeth for clients with no existing teeth)	YES	NO

In the event of an emergency, every effort will be made (via telephone or telegram) to contact me. However, in the event I cannot be reached, this form is to serve as authorization for SWVTC Dental Staff to arrange for and/or to perform whatever emergency dental and/or surgical treatment (including the use of anesthesia) is considered necessary. I also consent to the disposal (by personnel or agents acting for SWVTC) of any tissues or parts which may be removed in an operative procedure.

*_____ _____

Client/Parent/Guardian Date

SIGN BOTH MEDICAL & DENTAL CONSENTS (TWO PLACES)