

**BRITISH COLUMBIA DENTAL HYGIENE CLINICAL EXAMINATION**

***CLIENT RELEASE***

IN CONSIDERATION of the use of equipment and facilities made available to the candidate \_\_\_\_\_ for the purpose of dental hygiene care being provided for me, I DO HEREBY remise, release and forever discharge the College of Dental Hygienists of British Columbia, of and from any responsibility and all manner of actions, causes of action, claims and demands whatsoever arising out of assessment, dental hygiene diagnosis, dental hygiene treatment procedures or post-operative complications associated with the services provided by the candidate during the Clinical Examination, AND I FURTHER HEREBY certify that I have had an examination by a British Columbia dentist within the past 365 days, specifically on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by Dr. \_\_\_\_\_ in the City of \_\_\_\_\_, British Columbia, Canada.

SIGNED, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
Signature of client: \_\_\_\_\_

Client's Name: *(Please Print)* \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

In case of emergency, contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Alternate Telephone