

Dr. David F. Halpern  
10630 Little Patuxent Parkway  
Suite 104  
Columbia, MD 21044

## CONSENT FORM

### Patient Consent

I, \_\_\_\_\_ agree to receive dental hygiene services without a dentist present in the office. I understand that Dr. Halpern will be available to reach for any emergencies or consultation. If Dr. Halpern is unavailable, a licensed Maryland dentist that he chooses to cover the practice, will be at my disposal, if needed. I have been examined by Dr. David F. Halpern within the past seven months and I understand that a prescription for these services is written in my chart.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Custodial Consent

I, \_\_\_\_\_ am the custodial parent (or guardian) of \_\_\_\_\_, a minor (or incompetent adult). I consent to the delivery of dental hygiene services to \_\_\_\_\_ without a dentist present in the office. \_\_\_\_\_ has been examined by Dr. David F. Halpern within the last seven months, and I am aware that a prescription for dental hygiene services is written in \_\_\_\_\_ chart.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Hygienists signature: \_\_\_\_\_