

Thank you for your interest in becoming a patient with the college's DMD-Student Dental Clinic. In our clinic, DMD students provide dental treatment under the close supervision of a faculty member in a professional learning environment. We provide high-quality treatment at a reduced rate.

DMD-Student Dental Clinic patients must be willing to attend extended appointments, since the students are perfecting techniques and may take longer than a practicing dentist. Also, we select patients through a screening process to ensure that they're appropriate for the educational experiences our students need.

### Screening

- There is a \$75 fee for the screening appointment. The fee covers the cost of the limited oral exam and X-rays. A faculty member, experienced in selecting patients that match the educational needs of our students, performs the screening.
- The fee is only paid if you are accepted to be screened as a patient; **please do not send any payment with your application.**
- Screening doesn't guarantee your acceptance as a patient.
- **If you have children**, please note you can't bring them into the clinic area with you during a screening appointment and they can't be left unattended in waiting areas.
- Please allow 2-4 weeks for the application process.

### Patient selection and appointments

- The enclosed form is a pre-screening form. Please complete it and mail it back to us. Accepted applicants will be contacted by an appointment coordinator.
- Patient selection is based on matching the applicant's needs to the student dentist skill level.
- The students in the DMD-Student Dental Clinic need to treat patients who need comprehensive (all-inclusive) dental services and need procedures that range from simple to moderately difficult: a combination of dental cleanings, fillings, simple extractions/root canals, crowns, bridges, and/or dentures.
- If you are screened and not selected as a patient we will notify you by mail.
- Selected patients must commit to at least two, three-hour appointments each month until the treatment plan is completed or the patient is referred to another dentist. The average time to complete treatment can be 12 months or longer.

### Interested in becoming a patient?

**Please complete the enclosed Screening Application and return by mail to:**

UF College of Dentistry  
DMD-Student Dental Clinic      ATTN: Screening  
PO Box 100412    Gainesville, FL 32610-0412

### Fees

- **The college does not provide free dental care.**
- DMD-Student Dental Clinic fees are generally 30 to 50 percent less than in private practice. Patients are required to pay for routine care at each appointment. For complex treatment, such as crowns or dentures, payment plans may be arranged.
- Screening fees are non-refundable regardless of outcome of screening appointment.
- If you have an outstanding balance with any UF College of Dentistry clinic, you will not be considered for a screening appointment.

### Other important points

- If you are screened and not selected for treatment with the DMD-Student Dental Clinic, you may be referred to the college's Faculty Practice, one of our graduate programs, or be advised to contact a private practice dentist.
- For persons younger than 13 years of age please call our Pediatric Dental Clinic at 352-273-7643 for more information.
- For **dental emergencies**, consisting of pain, swelling and fever, please call (352) 273-6705 for information about our emergency dental services, or seek care at your nearest hospital emergency department.
- If you and a family member or friend would prefer to schedule your screening appointments together, we can arrange that for the **screening appointment only**. However, if you are selected as a patient, it is not likely we can schedule your future dental appointments at the same time as your friends and family.

Thank you for your interest in the DMD-Student Dental Clinic Program. **Please read the attached information sheet before continuing.** If you want an appointment for a screening exam, please complete this form and return it in the mail.

**Please note:** a screening evaluation **does not guarantee acceptance into the program.** Charges for the screening appointment are not refundable.

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIPcode

( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Male

Female

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Other phone

**1) Check all the dental services you think you need or want, or oral problems you think you have (please make your best guess):**

Dental cleaning

Upper complete plate/denture

Upper removable partial plate/denture

More than one filling

Dental implant

Root canal

Gum disease treatment

Lower complete plate/denture

Lower removable partial plate/denture

Crown (cap) bridge

Orthodontics (braces)

Teeth pulled

**2) Have you ever been a patient at the UF College of Dentistry?**

Yes

No

**3) Is your schedule flexible enough to allow one or two, half-day appointments a month?**

Yes

No

**4) How long has it been since you saw a dentist for regular (not urgent) dental care?**

Less than 1 year

1-2 years

3-5 years

More than 5 years

*"My signature indicates that I have read and understand the accompanying information and, if accepted as a patient, I agree to abide by the stated guidelines."*

\_\_\_\_\_  
Signature

**Unsigned applications will not be processed**

**After completing this form, return it by mail to:**

UF College of Dentistry

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PO Box 100412

Gainesville, FL 32610-0412

*The fee is only paid if you are screened to become a patient; **please do not send any payment with your application.***

Office use only  
(14 Screening and App Feb.)

RCVD \_\_\_\_/\_\_\_\_/\_\_\_\_

RVWD2: \_\_\_\_/\_\_\_\_/\_\_\_\_

RVWD1: \_\_\_\_/\_\_\_\_/\_\_\_\_

A R RSPN \_\_\_\_/\_\_\_\_/\_\_\_\_