TARRANT COUNTY COLLEGE
PIT and FISSURE SEALANT COURSE - DNTA 2000
COURSE REQUIREMENTS AND GENERAL INFORMATION

Course Description

Thank you for registering for the Pit and Fissure Course for dental assistants and dental hygienists. This information packet prepares you to participate in the course. This course is designed to provide in-depth training in Pit and Fissure Sealants to meet the Texas State Board of Dental Examiners (TSBDE) requirements for eight (8) hours of didactic and clinical education and professional development for eight (8) CEUs. The course, taught by qualified faculty with no more than five (5) students per faculty member, ensures individualized hands-on instruction as per CODA requirements.

Required Course Documentation/Forms

The following documents must completed/signed and brought to class by the course participant. *Course participants or patients will not be treated without these forms.*

- Signed letter from your employer (DDS) on practice letterhead verifying at least two (2) years clinical experience as a dental assistant, per TSBDE requirements, including date of hire. Multiple employer letters may be required to meet the two (2) year minimum requirement
- Copy of current CPR Card
- Copy of completed HIPAA/OSHA Compliance Training
- TCC Dental Hygiene Clinic Notice of Privacy Practices Form
- Patient Registration Form
- Patient Medical History Form
- Procedure Risks and Hazards Form
- Policy/Procedure Acknowledgement Form
- Consent for Treatment Form signed by patient, dentist, and course participant
- Consent for Treatment Plan Form signed by patient, dentist, and course participant indicating teeth numbers and surfaces **

** This allows for hands-on sealant placement with dental assistant/dental hygienist course participants. The ***minimum age*** recommended age for a sealant patient is 12 years old with fully erupted molars. Please be sure that your selected patient will be cooperative for you to complete the clinical requirement. *Be sure to confirm your patient. No-show patients will result in the course participant not being able to complete the course or receive a refund.*

***** Your patient must have a minimum of four (4) posterior teeth to seal for evaluation in the mouth and must include at least two (2) fully erupted molars.***

** It is strongly recommended that you have more teeth than necessary approved in the event that some teeth are disqualified for current existing or incipient decay, restorations, or sealants at the discretion of the course instructor. **Any DDS approved teeth with decay/ restorations/ sealants will not be accepted. ***Sharing of patients or using a course participant as a patient is not allowed.***

General Course Requirements

- Must attend the entire eight (8) hours of training per TSBDE requirements.

- Per OSAP guidelines, must attend the course in professional clinical attire: scrubs and closed-toed shoes w/socks. Please refrain from wearing artificial nails, nail polish, and jewelry

3. Course participants and patient safety is important and failure to comply with course requirements may prevent completion of the course training

General Course Information

- Course participants will be provided a Certificate of Completion and copies of the Lab/Clinic Evaluations at course completion if all course objectives have been met and verified by the attending instructor
- Questions regarding the course can be directed to Health Sciences-health.sciences@tccd.edu or 817-515-6435
- Day of Course/8:00 am-5:00pm- Dental Hygiene Clinic 817-515-6324 in case of an emergency

** ***Refund Policy:*** **Course participants may drop the course for a 100% refund prior to the start of the course. No refunds will be given once the course has started and contact Business Services/817-515-4729 for a paid receipt**

COURSE SUPPLIES – Each course participant is required to bring:

- A minimum of four (4) sterilized, caries-free posterior teeth (premolars/molars accepted but must have at least two molars) mounted in lab stone. Oral surgeons are good sources and should be contacted well in advance of the course date***. Course participants will not be allowed to complete the course without the mounted teeth – contact*** Health Sciences-health.sciences@tccd.edu or 817-515-6435 ***if not able bring mounted practice teeth***
- Protective eyewear and scrub cap
- Pen, paper, highlighter
- Copy of current CPR Card
- Copy of completed HIPAA/OSHA Compliance Training
- Completed TCC Dental Hygiene Clinic Notice of Privacy Practices Form
- Completed Patient Registration Form
- Completed Medical History Form
- Completed Procedure Risks and Hazards Form
- Completed Policy/Procedure Acknowledge Form
- Completed Consent for Treatment Form signed by the patient, dentist, and course participant
- Completed consent for Treatment Plan Form signed by the patient, dentist, and course participant indicating teeth numbers and surfaces**

PROVIDED COURSE SUPPLIES - Included in course fee

- Disposable gown, exam gloves, and Level 3 face mask for course participant
- Protective eyewear for patient
- Sterile pack (mouth mirror, caries-detecting explorer, cotton pliers, scaler, articulating paper holder, AW syringe tips on covered exam tray
- Disposables (dry angles, cotton rolls, cotton-tipped applicators, 2x2 gauze, articulating paper, patient bibs/chain, surface barriers, prophy angle and brush, HVE/saliva ejector, floss, and lab jacket)
- P & F Sealant materials
- Topical fluoride gel
- Curing light
- Low speed handpiece w/prophy angle attachment
- Course handouts and Course Certificate of Completion
- Campus map - Park in white spaces in Lots F or G
- Room assignment: NHSC 1112 (Classroom); NHSC 1101 (Dental Hygiene Clinic)
- Lunch (***Please contact Health Sciences if you prefer a vegetarian option one week prior to the course***)

HOTEL INFORMATION

Hampton Inn & Suites Dallas-DFW ARPT W-SH 183 Hurst
1600 Hurst Town Center Dr.
Hurst, TX 76054-6236
817-503-7777

Holiday Inn Express & Suites DFW West – Hurst
820 Thousand Oaks Dr.
Hurst, TX 76054
(817) 427-1818

Hyatt Place Fort Worth - Hurst
1601 Hurst Town Center Drive
Hurst, Texas, USA, 76054
Tel: +1 817 577 3003

Hilton Garden Inn Dallas at Hurst Conference Center
1615 Campus Dr.
Hurst, TX 76054
817-281-5800

TARRANT COUNTY COLLEGE
PIT and FISSURE SEALANT COURSE
COURSE AGENDA

8:00 – 8:30am	Check-In Review Treatment Plans	NHSC 1112 (Classroom)
8:30 – 10:30am	Lecture	NHSC 1112 (Classroom)
10:30am-12:00pm	Lab Evaluation	NHSC 1101 (Dental Hygiene Clinic)
12:00-12:45pm	LUNCH (Provided)	NHSC Student Break Area
12:45-1:00pm	Pre-Clinical Meeting	NHSC 1112 (Classroom)
1:00 – 1:30pm	Clinic/Patient Setup	NHSC 1101 (Dental Hygiene Clinic)
1:30 – 5:00pm	Clinic Evaluation	NHSC 1101 (Dental Hygiene Clinic)

***Note:** Patients should plan to arrive between 12:45-1:00pm and be seated in the hallway chairs outside the Dental Clinic. *Patient parking is available only in the white outlined parking spaces in Parking Lots F & G (see campus map).* Course participants are restricted to one patient only. Please notify your patient not to bring any other family members or children to the appointment. No one under the age of 18 can be unattended without adult supervision

Snack and beverage vending machines are available

Updated 4/11/24 - lgs

TARRANT COUNTY COLLEGE

PIT and FISSURE SEALANT COURSE - CONSENT FOR TREATMENT PLAN FORM

COURSE SECTION DNTA-2000_____ DATE_____

PATIENT NAME _____

COURSE PARTICIPANT NAME _____

This form is to be completed and signed by the DDS only. *Please write an "S" in the box corresponding with the teeth that are authorized for pit and fissure sealant placement. Please include the specific surfaces for each authorized tooth (occlusal and/or lingual, buccal groove)*

By signing this form, I attest that the approved teeth do not have existing or incipient decay, restorations, or sealants and include at least four (4) posterior teeth including two (2) fully erupted molars

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

This form serves as treatment plan authorization for sealant placement on the above-named patient.

DENTIST _____ _____
Print License No.

DENTIST _____ _____
Signature Date

PATIENT _____
Print

PATIENT _____ _____
Signature Date

COURSE PARTICIPANT _____
Print

COURSE PARTICIPANT _____ _____
Signature Date

This information is confidential, and Tarrant County College Dental Programs will keep any protected health information per HIPAA compliance standards.

Updated 4/11/24 - lgs

TARRANT COUNTY COLLEGE DISTRICT
PIT and FISSURE SEALANT COURSE
CONSENT FOR TREATMENT FORM
DNTA-2000-_____ DATE_____

Patient Name_____
Date_____

I agree to be a participant in the Pit and Fissure Sealant Course at Tarrant Count College District. As part of that participation, I have received, read, understand, and completed the Consent for Treatment Form and authorize the placement of pit and fissure sealants on the teeth indicated on my prepared treatment plan, in the Pit and Fissure Sealant Course under the direction of approved instructors certified in Pit and Fissure Sealants by the Texas State Board of Dental Examiners.

I understand the treatment I receive during the Pit and Fissure Sealant Course performed in the Dental Hygiene Clinic of Tarrant County College District shall be without liability on the part of Tarrant County College District, its Board of Trustees, faculty, staff, and employees. I understand the treatment being performed is for educational purposes and I release Tarrant County College District to include, but not limited to, the Dental Programs, of any liability pertaining to the treatment received during the Pit and Fissure Sealant Course. I specifically waive any claim I might otherwise have or assert in regard thereto against them or any of them. I understand I am the patient of the dentist listed below and will follow up with any additional dental treatment with that dentist.

I have had the procedure explained to me and had the opportunity to ask questions about the proposed treatment, and they have been fully answered. I hereby give a knowing and voluntary consent for treatment to be performed.

_____ _____
Patient Name (Printed) Date

_____ _____
Signature of Patient, Parent, or Legal Guardian Date

_____ _____
Dentist Signature/Date License No.

_____ _____
Course Participant Performing Procedure (Printed) Date

_____ _____
Course Participant Performing Procedure (Signature) Credentials (RDA, RDH, etc.)

Updated 4/11/24 - lgs

TARRANT COUNTY COLLEGE
PIT and FISSURE SEALANT COURSE
PROCEDURE RISK and HAZARDS FACTORS

1. Due to the phosphoric acid content in the etch agent, patients and course participants must wear protective eyewear
    a. Isolation techniques will be used to avoid etchant material coming in contact with adjacent teeth and soft tissue
    b. In the event of accidental contact, the affected area will be thoroughly rinsed with large amounts of water
    c. In the event of accidental eye contact, the patient and/or course participant will be directed to the eyewash station to flush the area thoroughly and directed to seek medical treatment

2. Due to the composition of some sealant materials that contain acrylate resins, caution will be taken to avoid skin contact with those materials. Use of protective gloves and a no-touch technique will be followed. In the event of accidental exposure, the affected area with be thoroughly washed and rinsed with large amounts of water. Medical treatment should be sought if irritation persists

3. To prevent damage to the retina of the eye when using a curing light, all curing lights are equipped with protective orange shields

4. In the event of an incident, the instructor will complete/submit a TCC Incident Report. A copy will be attached to the student paperwork

I have read and understand the risks and hazards associated with the placement of pit and fissure sealants and agree to the proposed treatment plan and procedure to be performed.

_____ _____
Patient Name (Printed) Date

_____ _____
Signature of Patient, Parent, or Legal Guardian Date

Updated 4/11/24 - lgs

Effective date of notice: November 21, 2023

NOTICE OF PRIVACY PRACTICES

Tarrant County College Dental Hygiene Clinic

828 W. Harwood Dr., Hurst TX 76054

817-515-6586

Fax: 817-515-6458

Privacy Officer: Amy Cooper, RDH, TCC Interim Dental Programs Director

amy.cooper@tccd.edu

THIS NOTICE DESCRIBES HOW YOUR PERSONAL HEATH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

The Tarrant County College Dental Hygiene Clinic (TCC DHYG Clinic) respects our legal obligation to keep personal health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

TREATMENT AND HEALTH CARE OPERATIONS

The most common reason we use or disclose your health information is for treatment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for your; examining your teeth and gums, taking x-rays, prescribing medications, referring you to another doctor or clinic for other health care or services; or getting copies of your personal health information from another professional that you may have seen before us. Health care operations mean those administrative and managerial functions we must do to run our clinic. Examples of how we use or disclose your health information for health care operations are: chart audits and internal quality assurance.

We routinely use your health information inside our clinic for these purposes without any special permission. If we need to disclose your personal health information outside of our clinic for these reasons, we will ask you for special written permission.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your personal health information without your permission. Not all these situations will apply to us; some may never come up at our clinic at all.
Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose; for public health purposes, such as contagious disease reporting, investigation, or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect, or domestic violence;
- uses and disclosures for health oversight activities, or investigation of violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our clinic; or to report a crime that happened somewhere else;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health-related research;
- uses and disclosures to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures of de-identified information;
- disclosures relating to worker's compensation programs;
- disclosures of a "limited data set" for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information;

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your child's dental hygiene care.

APPOINTMENT REMINDERS

A TCC DHYG Student may call, text or email to remind you of scheduled appointments. The TCC DHYG Clinic Receptionist may call to make an appointment. Unless you tell us otherwise, the student or receptionist will leave you a reminder message on your voicemail device or with someone who answers your phone.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." The content of an "authorization form" is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it is your idea for us to send your information to someplace else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours. If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the Privacy Officer named at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information.
You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment) or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the Privacy Officer at the address, fax or email shown at the beginning of this Notice.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using email to your personal email address. We will accommodate these requests if they are reasonable, if you want to ask for confidential communications, send a written request to the Privacy Officer at the address, fax or email shown at the beginning of this Notice.
- Ask to see or to get photocopies of your child's personal health information. By law, there are a few limited situations in which we can refuse to permit access or copying. However, you will be able to review or have a copy of your child's personal health information within 30 days (about 4 and a half weeks) of asking us (or sixty days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we send you written notice of the extension. If you want to review or get photocopies of your personal health information, send a written request to the Privacy Officer at the address, fax or email shown at the beginning of this Notice.
- Ask us to amend your child's personal health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days (about 2 months) of when you ask us. We will send the corrected information to people who we know got the incorrect information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your child's health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your child's health information, send a written request, including your reasons for the amendment, to the Privacy Officer at the address, fax or email shown at the beginning of this Notice.
- Get a list of the disclosures that we have made of your child's health information within the past six years (or a shorter period if you want). By law, the list will not include disclosures for purposes of treatment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days (about 2 months) of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the Privacy Officer at the address, fax or email shown at the beginning of this Notice.
- Get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the Privacy Officer at the address, fax or email shown at the beginning of this Notice.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the

right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your personal health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, and have copies available in our office.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the Texas Attorney General's Office or the U.S (United States). Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the Privacy Officer at the address, fax or email shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the Privacy Officer at the address or phone number shown at the beginning of this Notice.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I reviewed and received a copy of the Tarrant County College Dental Hygiene Clinic's Notice of Privacy Practices.

Date:

Patient name:

Signature:

TARRANT COUNTY COLLEGE
PIT and FISSURE SEALANT COURSE
POLICY/PROCEDURE ACKNOWLEDGEMENT FORM

This form is to acknowledge that I have reviewed, understand, and agree to the policies and procedures for the Pit and Fissure Sealant Course. Please check each box and sign below. Please submit this form upon course check in and bring the following documents/supplies:

- Clinical Experience Verification Letter and copy of current CPR card
- Copy of completed HIPAA/OSHA Compliance Training
- Protective eyewear and scrub cap
- A minimum of four (4) sterilized, caries-free posterior teeth (premolars/molars accepted but must have at least two molars) mounted in lab stone. Course participants will not be allowed to complete the course without the mounted teeth
- Completed/signed Patient Registration Form and Patient Medical History Form
- Completed/signed TCC Dental Hygiene Clinic Notice of Privacy Practices Form
- Completed/signed Consent for Treatment Plan Form
- Completed/signed Consent for Treatment Form
- Completed/signed Procedure Risks and Hazards Form
- Provide an approved patient with a minimum of four (4) posterior teeth of which two (2) must be fully erupted molars. No teeth with existing or incipient decay, restorations, or sealants will be accepted
- Must attend in professional clinical attire: scrubs and closed-toed shoes with socks. Avoid wearing artificial nails, nail polish, or jewelry
- No course completion or course refund due to a no-show patient
- Must attend the entire eight (8) hours of the course to be given credit for the course
- Course Certificate of Completion will be provided at the end of the course to the course participant
- Course Refund Policy: 100% refund if course dropped prior to start of course. No refunds once course has started. Paid Course Receipt: Available through NE Business Services, 817-515-6208

Course Participant_____
Date_____

Tarrant County College
Dental Hygiene Clinic

Patient Registration

Chart ID:_____

First Name:_____ Last Name:_____ Middle Initial___

Preferred Name:_____

Address:_____

City:_____ State & Zip:_____

Home Phone:_____ Cell Phone:_____

Sex: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Birth Date:_____ Age:_____

Email:_____

Employment Status: ☐ Full Time ☐ Part Time ☐ Retired ☐ N/A

Student Status: ☐ Full Time ☐ Part Time

Appointment Availability – Please circle **ALL** that apply. **M T W Th AM PM**

Current Dentist:_____ City:_____ Phone:_____

Current Medical Doctor:_____ Phone:_____

Emergency Contact:_____ Relation:_____

Emergency Contact #:_____

Medical & Dental History Update Every Appointment
Including changes in medications, medical/dental conditions

Date	Comment	Patient Signature	Student Initials	Faculty Initials

Time 2:44 PM | TCC Dental Hygiene Clinic | Date 6/12/2025

Medical History

Patient Name: | Birth Date: | Date Created:

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, c

Are you under a physician's care now?	Yes No	If yes
Have you ever been hospitalized or had a major operation?	Yes No	If yes
Have you ever had a serious head or neck injury?	Yes No	If yes
Are you taking any medications, pills, or drugs?	Yes No	If yes
Do you take, or have you taken, Phen-Fen or Redux?	Yes No	If yes
Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?	Yes No	If yes
Are you on a special diet?	Yes No	
Do you use tobacco?	Yes No	
Do you use controlled substances?	Yes No	If yes

Women: Are you...

☐ Pregnant/Trying to get pregnant? ☐ Nursing? ☐ Taking oral contraceptives?

Are you allergic to any of the following?

☐ Aspirin ☐ Penicillin ☐ Codeine ☐ Acrylic
☐ Metal ☐ Latex ☐ Sulfa Drugs ☐ Local Anesthetics

Other? ☐ If yes

Do you have, or have you had, any of the following?

AIDS/HIV Positive Yes No	Cortisone Medicine Yes No	Hemophilia Yes No	Radiation Treatments Yes No
Alzheimer's Disease Yes No	Diabetes Yes No	Hepatitis A Yes No	Recent Weight Loss Yes No
Anaphylaxis Yes No	Drug Addiction Yes No	Hepatitis B or C Yes No	Renal Dialysis Yes No
Anemia Yes No	Easily Winded Yes No	Herpes Yes No	Rheumatic Fever Yes No
Angina Yes No	Emphysema Yes No	High Blood Pressure Yes No	Rheumatism Yes No
Arthritis/Gout Yes No	Epilepsy or Seizures Yes No	High Cholesterol Yes No	Scarlet Fever Yes No
Artificial Heart Valve Yes No	Excessive Bleeding Yes No	Hives or Rash Yes No	Shingles Yes No
Artificial Joint Yes No	Excessive Thirst Yes No	Hypoglycemia Yes No	Sickle Cell Disease Yes No
Asthma Yes No	Fainting Spells/Dizziness Yes No	Irregular Heartbeat Yes No	Sinus Trouble Yes No
Blood Disease Yes No	Frequent Cough Yes No	Kidney Problems Yes No	Spina Bifida Yes No
Blood Transfusion Yes No	Frequent Diarrhea Yes No	Leukemia Yes No	Stomach/Intestinal Disease Yes No
Breathing Problems Yes No	Frequent Headaches Yes No	Liver Disease Yes No	Stroke Yes No
Bruise Easily Yes No	Genital Herpes Yes No	Low Blood Pressure Yes No	Swelling of Limbs Yes No
Cancer Yes No	Glaucoma Yes No	Lung Disease Yes No	Thyroid Disease Yes No
Chemotherapy Yes No	Hay Fever Yes No	Mitral Valve Prolapse Yes No	Tonsillitis Yes No
Chest Pains Yes No	Heart Attack/Failure Yes No	Osteoporosis Yes No	Tuberculosis Yes No
Cold Sores/Fever Blisters Yes No	Heart Murmur Yes No	Pain in Jaw Joints Yes No	Tumors or Growths Yes No
Congenital Heart Disorder Yes No	Heart Pacemaker Yes No	Parathyroid Disease Yes No	Ulcers Yes No
Convulsions Yes No	Heart Trouble/Disease Yes No	Psychiatric Care Yes No	Venereal Disease Yes No
Yellow Jaundice Yes No			

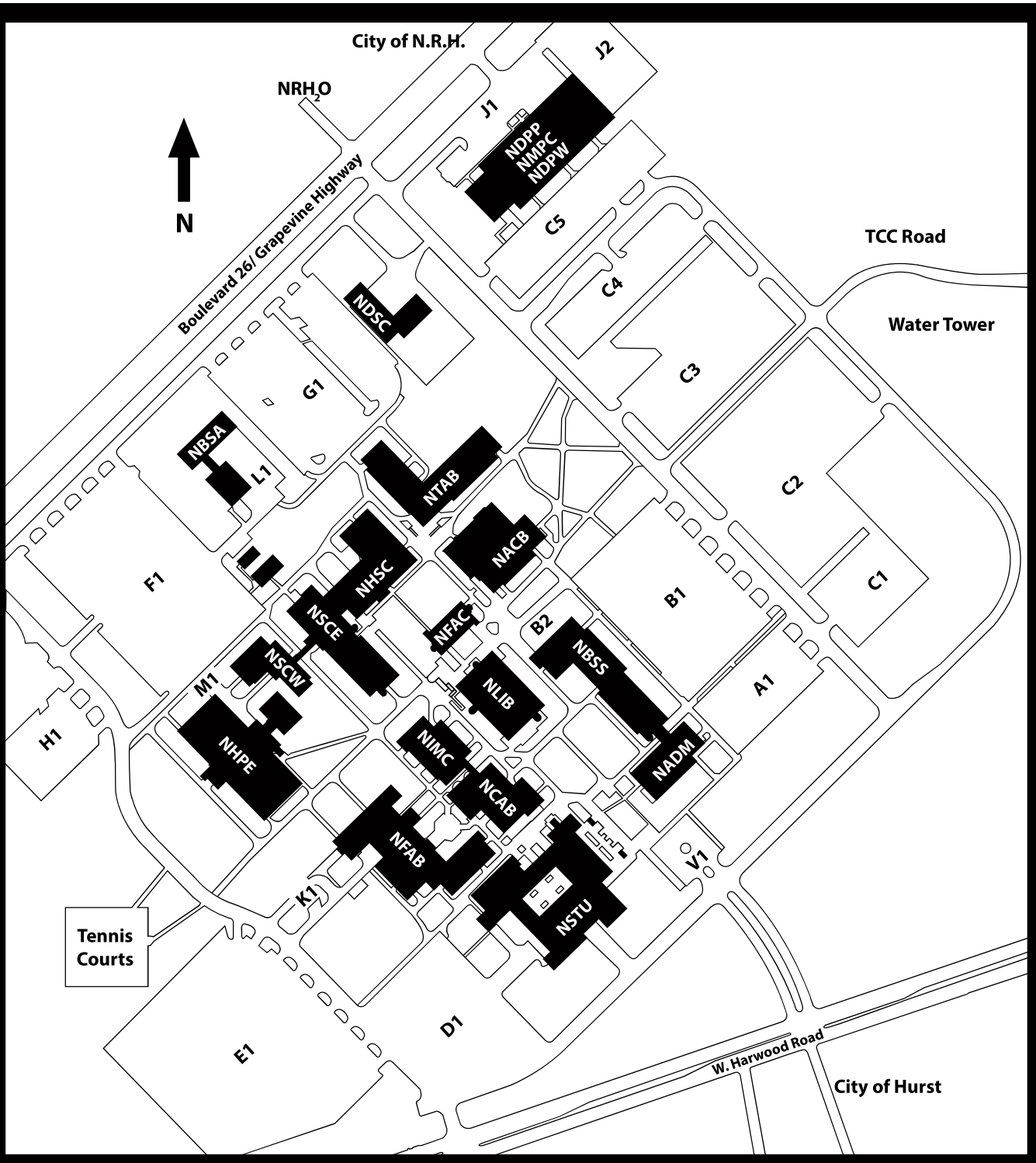
Have you ever had any serious illness not listed above? Yes No If yes

Comments:

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

Signature of Patient, Parent or Guardian:

X Date:_____



TCC NORTHEAST CAMPUS

Tarrant County College®

Northeast Campus

NADM	Administration Offices (1)
NACB	Academic Classrooms (7)
NBSA	Building Services (8)
NBSS	Business/Social Sciences (2)
NCAB	Communication Arts (16)
NDPP	District Physical Plant (20)
NDPW	District Physical Warehouse (20)
NDSC	District Service Center (11)
NFAB	Fine Arts Building (14)
NFAC	Faculty Offices (5)
NHPE	Health/Physical Ed. (10)
NHSC	Health Sciences (15)
NIMC	Instructional Media Center (6)
NLIB	Library (3)
NMPC	Multi Purpose Classrooms (20)
NSCE	Science East (9)
NSCW	Science West (9A)
NSTU	Student Center/Bookstore/ Cafeteria (4) - Nurse
NTAB	Technology & Arts (17)