

Public Health Supervision Agreement Checklist

Have the following been completed?

- ÿ All contact information and license number for the supervising dentist
- ÿ All contact information and license number for the dental hygienist
- ÿ One box checked for each public health setting
- ÿ Each service site listed, use additional pages if needed
- ÿ Consultation requirements complete
- ÿ Procedures for dental records complete
- ÿ Location of records complete
- ÿ Patient considerations for medical conditions and medically-compromised patients sections complete
- ÿ Standing orders complete, including age group, for each procedure provided
- ÿ Yes/No Box checked regarding whether procedure may be provided if no exam by dentist has taken place
- ÿ Period of time sited for dental exam to occur before procedures can continue
- ÿ Dentist signature and date
- ÿ Dental hygienist signature and date