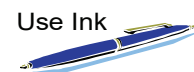




# FOLLOW-UP CARE AGREEMENT



- Posterior Composite 1
- Posterior Composite 2
- Anterior Composite
- Amalgam
- Cast Gold
- Periodontal Treatment

PATIENT FULL NAME: \_\_\_\_\_

CANDIDATE ID #: \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_

EXAM SITE: \_\_\_\_\_

The WREB Dental Exam is the process for determining if a Candidate has the clinical skills necessary to obtain a license to practice dentistry. Therefore, no guarantee can be made that the treatment performed during this exam will be adequate. If you need additional follow-up care related to the treatment received during the exam, you must visit a licensed dentist of your choice or you may use the referral below. Your candidate will provide you with a signed copy of this "Follow-Up Care Agreement" form.

**I. PROVIDER'S ACCEPTANCE OF RESPONSIBILITY** - Provider must be accessible to patient and licensed in the state in which the patient resides (option A or option B **must** be completed).

**A.** This is to acknowledge that I agree to provide any follow-up care required related to treatment rendered during the WREB Dental Exam. It is understood that this agreement expires sixty (60) days following the exam.

Name of Licensed Provider	License Number
Address	Telephone No.
City/State/Zip	
Signature of Provider	Date

**OR**

**B.** The patient is a "patient of record" at the \_\_\_\_\_ Dental School and will be provided follow-up care as necessary according to the guidelines of the School of Dentistry.

Signature of Authorized School Official	Date
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**II. PATIENT ACCEPTANCE**

I have read the above, and understand and accept that additional treatment related to services rendered during this exam may be required. I understand that any necessary follow-up care is the responsibility of the licensed dentist (part A above) who signs this form. No school or exam location is responsible for providing follow-up care, unless that school or exam location has signed this "Follow-Up Care Agreement" (part B above), and acknowledges responsibility for follow-up care. I understand that there may be a fee involved in the follow-up care and that I will be responsible for that fee unless other arrangements have been made with the candidate. It is further understood that the provider listed above (part A or part B) has no obligation to provide care if not initiated within sixty (60) days after the exam.

Patient Signature (or Parent/Guardian if patient is a minor)	Date
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White Copy: Candidate File

Yellow Copy: Patient