

Public Health Supervision Agreement Checklist

Have the following been completed?

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