



GEN08 – Practitioner Consent Form

I confirm that I have / understand:

- Provided clinical case material from _____(number) of patients to the Royal Australasian College of Dental Surgeons.
- Obtained patient consent for donation of personal clinical case material to the Royal Australasian College of Dental Surgeons.
- Removed patient identifiers from material (or liaised with the College Office to do this for me).
- All clinical case material will be used solely for educational purposes.

Name (Dentist)			
Email		Phone	
Signature	_____		Date
	<i>(Unsigned form will not be accepted)</i>		_____

Please complete both tables below

Area of Dentistry	Donated case material relates to (tick all that apply)	Submitted Case Checklist	Tick if provided	Number provided
Prevention	<input type="checkbox"/>	Clinical Case History Template (1 per case required)	<input type="checkbox"/>	
Cariology	<input type="checkbox"/>	Clinical photographs (JPEG)	<input type="checkbox"/>	
Periodontology	<input type="checkbox"/>	Periodontal chart (JPEG)	<input type="checkbox"/>	
Restorative dentistry	<input type="checkbox"/>	Radiographs (JPEG)	<input type="checkbox"/>	
Prosthodontics (fixed & removable)	<input type="checkbox"/>	Dental models	<input type="checkbox"/>	
Endodontics	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>	
Dental trauma	<input type="checkbox"/>	Comments: 		
Paediatric dentistry	<input type="checkbox"/>			
Orthodontics	<input type="checkbox"/>			
Digital dentistry	<input type="checkbox"/>			
Ethics / jurisprudence	<input type="checkbox"/>			
Infection control	<input type="checkbox"/>			

Please email us this form and all clinical material

Email	fracds@racds.org	Phone	(02) 9262 6044
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The College is happy to facilitate the collection of material. Please contact us if assistance is required.