



Dental Rescue

352 Edgemore Cres. Kanata, ON K2W 1H8
Tel/Fx: 613-787-5900 ▪ Email: info@dentalrescue.ca

Time Sheet

Dentist/Office Name:

Business Name for Invoice:

Employee Name	Date	Start	Finish	(-Lunch)	Total Hours	Employee's Initials	Dentist or Office Manager's Initials

Written Order For Dental Hygiene Temps Only

It is the accepted protocol in this office that each patient/client must have a medical history taken and updated at each appointment. If there are not conditions in the medical history that contraindicate scaling and root planning, including curetting surrounding tissue, I authorize the dental hygienist(s) listed below to initiate these procedures during the time he/she works in this office.

If there are conditions in the medical history that contraindicate scaling and root planning, including curetting surrounding tissue, I authorize the dental hygienist to proceed provided that s/he has obtained a patient specific verbal or written order from me; or obtained medical clearance for the proposed treatment from a member of the College of Physicians and Surgeons or a registered nurse in the extended class who is a member of the college of Nurses of Ontario.

Name of Dental Hygienist(s) authorized under this protocol (printed): _____	Signature(s) of Dental Hygienists: _____
Authorizing Dentist's Signature: _____	Date: _____

***Please fax back to us at 613-787-5900. We suggest you keep this document on file for your records.
Thank You***