

MEMBERSHIP IN ORTHODONTICS PART 2

Treated cases consent form

All patient information is handled in accordance with the current General Data Protection Regulation (GDPR (EU) / Data Protection Bill.

I understand that the dental treatment documented is for use in the Membership in Orthodontics Part 2 Examination and I agree for this to be submitted to the relevant College. I understand that my son's/daughter's/ward's case history may be sent/uploaded to an address/secure webpage for scrutiny by candidates and examiners but that this information will never be in the public domain. In the unlikely event that the College needs to contact me regarding any particulars of my case, I agree to the College contacting me directly and confidentially at the address below:

Patient name (print)

Patient date of birth

Patient, parent or guardian's signature

Patient, parent or guardian's printed name

Postal address.....

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Telephone number.....

Email address.....