

Candidate Sequential: \_\_\_\_\_

**PLACE BARCODE HERE**

Candidate ID: \_\_\_\_\_ Test Site: \_\_\_\_\_

Candidate Sequential:

Cubicle #:

Place ID label above. If you do not have an ID label, write in the corresponding numbers from your ID card on the lines above.

## POSTOPERATIVE CARE AGREEMENT

The nature of this examination process has been explained to me. I understand that the procedures(s) performed by the examinee, as part of the examination process, were to determine the qualification of the dental hygiene examinee for licensure. I understand that the treatment provided during this examination does not constitute complete treatment and does not represent a total health care procedure. I understand that I will need to make other arrangements to finish any treatment begun here today.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date