

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Suggested Template for Standing Order

ORDER TO PROCEED WITH SCALING AND ROOT PLANING, INCLUDING CURETTING SURROUNDING TISSUE

In this office, it is the accepted protocol that each client must have a medical history taken and updated at each appointment.

If there are no conditions in the medical history that contraindicate scaling and root planing, including curetting surrounding tissue, I authorize the dental hygienist(s) listed below to initiate these procedures.

If there are conditions in the medical history that contraindicate scaling and root planing, including curetting surrounding tissue, I authorize the dental hygienist to proceed provided that s/he has:

- (a) obtained a client-specific order from me; or
- (b) obtained medical clearance for the proposed treatment from a member of the College of Physicians and Surgeons or a nurse practitioner who is a member of the College of Nurses of Ontario.

Dental hygienist(s) authorized under this protocol

Name(s) (printed)

Signature(s)

Authorizing Dentist's Signature

Date

Authorizing Dentist's Name (printed)

Stamp or Address of
Authorizing Dentist

