

Oral Health Screening Fair: _____

You will be receiving an oral and dental health screening at **no charge**. A screening is a visual and physical check of your teeth and gums. The purpose of this exam is to identify dental and tissue problems and inform you of your needs. This screening does not replace having a dental exam. Afterwards, we will refer you to the University of Manitoba, Dr. Gerald Niznick College of Dentistry Dental Clinic (or other nearby clinic) where you will receive **free or low-cost** dental care. No X-rays will be taken and no treatment will be done today.

If you consent, you will take part in the following:

1. A visual oral and tissue exam done using a mouth mirror
2. A physical exam using a probe that will measure your gums
3. A gentle physical exam of your face and neck
4. After this exam, you will receive information about your oral health and be referred to a nearby dental clinic (or other healthcare provider) if needed
5. You will receive a goodie bag to take home

If you have questions, please reach out to Stacey Urban stacey.urban@umanitoba.ca

If you wish to participate, please complete the form below.

Consent Form

I give consent to have a **free oral health screening** yes no

I understand the **purpose** of having this screening done yes no

I understand that I will be referred for **dental care** after this screening (*if needed*) yes no

I give consent to having my **photo** taken today (*not mandatory*) yes no
To be used for university teaching, program promotion, and/or publications only.

Your name: _____ Signature: _____

Date: _____ / _____ / _____
mm dd yy

Patient ID: _____