



The College of Dental Surgeons of Hong Kong
Intermediate Examination for the Fellowship
in the Specialty of _____

Candidate and Patient Declaration

A signed declaration must be submitted for each case presentation.

The College of Dental Surgeons of Hong Kong handles all patient information in accordance with the Personal Data (Privacy) Ordinance of Hong Kong.

To be signed by the Candidate:

I confirm that I have personally carried out the treatment for this patient as described in the log case.

Case Number:

Candidate Name:

Candidate Signature: Date:

To be signed by the Patient:

I understand that my personal particulars such as gender and age, and my dental treatment documented is for use in the Intermediate Examination for Fellowship in _____ and I agree for this to be submitted to the College of Dental Surgeons of Hong Kong. I understand that my case history may be assessed by examiners but that the information will not be disclosed to any person for any purposes other than that stated above. 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:

Name of Patient:

Signature of Patient:

Date:

Patient information will be held securely by the College until the examination has been completed and the candidate has received the result, after which the information will be confidentially destroyed.