



The College of Dental Surgeons of Hong Kong

Candidate and Patient / Guardian of Child 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 / Guardian of Child Patient:

I understand that my personal / my child's personal particulars such as gender and age, and the dental treatment documented is for use in the Examination and I agree for this to be submitted to the College of Dental Surgeons of Hong Kong. I understand that my case / my child's 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 / my child's case* I agree to the College contacting me directly and confidentially:*

Name of Patient / Child Patient: _____

Name of Parent / Guardian: _____

Signature of Patient / Parent or Guardian: _____

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.

*Please delete as appropriate