

GIBBERMAN DENTAL



FAMILY, COSMETIC & IMPLANT DENTISTRY

Consent for Testing

In order to comply with the Occupational Safety & Health Administration Bloodborne Pathogen Regulation (OSHA), we are requesting you consent to submit testing of your bloodborne pathogens (hepatitis B, hepatitis C or HIV) if an exposure occurs (needlestick injury, blood spatter) to one of the staff. Testing will be done at no cost to you. All information regarding an exposure is confidential.

Name of Patient or Personal Representative

Signature of Patient or Personal Representative

Date

Description of Personal Representative's Authority