

## AGREEMENT FOR CONSULTING DENTISTS

I \_\_\_\_\_, DDS/DMD agree to serve as a consulting dentist to \_\_\_\_\_, RDH, for the following groups or patients wishing to receive services.

I agree to accept all patients.

I further agree to abide by all Board of Dental Health Care Rules, Part 17, pertaining to Collaborative Dental Hygiene Practice as allowed in New Mexico Statute, § 61-5A-4, D & E.

**Dentist Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_

Name: (printed) \_\_\_\_\_

Practice Address: \_\_\_\_\_

Practice Telephone Number: \_\_\_\_\_

New Mexico DD License Number \_\_\_\_\_

I, \_\_\_\_\_, RDH agree to serve as a Collaborative Dental Hygienist with \_\_\_\_\_, DDS/DMD and agree to follow the protocol appended to this agreement. I further agree to abide by all Board of Dental Health Care Rules, Part 17, pertaining to Collaborative Dental Hygiene Practice as allowed in New Mexico Statute, § 61-5A-4, D & E.

**Hygienist Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_

Name: (printed) \_\_\_\_\_

Practice Address: \_\_\_\_\_

Practice Telephone Number: \_\_\_\_\_

New Mexico DH License Number: \_\_\_\_\_

