

## THE DENTIST IS COMING TO SCHOOL! In-school dental care at NO COST\* to you.

SAVE TIME:
Sign up online
www.MySchoolDentist.com

\* For patients covered by Medicaid or PA CHIP

## Taking care of your child's teeth is important to keep them healthy.

**EASY & CONVENIENT -** A state licensed dentist will regularly check your child's mouth & teeth, as well as provide a cleaning, x-rays as necessary, fluoride treatment and apply sealants, as needed. Additional care, such as fillings, may also be provided. A dental report card will be sent home with your child. Includes initial dental care & follow-up visits. **SIGN AND RETURN TO YOUR SCHOOL TODAY!** 

City State   Date   Female   F	PLEASE COMPLETE					
Address  City  State  Zip  School  Teacher  Grade  Parent/Guardian Name  Email  Alt Phone  ( )  Alt Phone  ( )  IMPORTANT HEALTH QUESTION  Does your child have any past or present medical or dental conditions, disabilities or social/behavioral issues? This may include heart issues, breathing problems, brain/secture discorders, altergies  (including drug allegies), diabetes, bleeding problems, communicable diseases or immune discorders etc. If Yee, explain below (attach additional pages as needed), If NO, LEAVE BLANK.  List current medications  List any dental concerns  IF GHILD HAS MEDICAID/PA CHIP  Circle one of the following: Aetra, AmeriHealth, Blue Cross CHIP, Gateway, Geisinger, HealthPartiners, Keystone First, Kritz, Partners, Medicaid, United Concordia CHIP, United Healthcare, UPMC  OR Child's Social Security # (if available)  FGHILD HAS PRIVATE DENTAL INSURANCE  Employer name  Co., phone  Employer name  Co., phone  Employer name  Co. phone  Ins. Phone  (ALSO CHECK ONE BELOW), If paying for services, stagle check or money order to this form & make payable to: Smile Pennsylvania.  I will pay the reduced fee for a dental cleaning, screening and fluoride for my child.  If request donated care to cover the cost of a dental cleaning, screening and fluoride for my child.  We will send you a donated care application. Available only once per school year for preventive care only.)  If your child sees a dentist regularly, and you want to continue care with that dentist, you should do so.  READ & SIGN BELOW  Lindenstand and authorize Big Smiles Pennsylvania P.C. (Provider), its affiliated dentists or dental placed in prevent or legal quardian, including an exam. cleaning, fluoride, sealants, x-rays and the application of Silver Diamine Fluoride as needed. (The use of Silver Diamine Fl	Child's Legal Name		Bir	rth Date		
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IF CHILD HAS NO DENTAL INSURANCE  (ALSO CHECK ONE BELOW) If paying for services, staple check or money order to this form & make payable to: Smile Pennsylvania.    I will pay the reduced fee for a dental cleaning, screening & fluoride per visit. Ages 11 or younger: \$58.00 Ages 12 or older: \$69.00    I request donated care to cover the cost of a dental cleaning, screening and fluoride for my child.  (We will send you a donated care application. Available only once per school year for preventive care only.)  If your child sees a dentist regularly, and you want to continue care with that dentist, you should do so.  READ & SIGN BELOW  I understand and authorize Big Smiles Pennsylvania P.C. (Provider), its affiliated dentists or dental hygienists, to provide dental services at school to the above named child for whom I am the custodial parent or legal guardian, including an exam, cleaning, fluoride, sealants, x-rays and the application of Silver Diamine Fluoride as needed. (The use of Silver Diamine Fluoride may discolor any cavities to a brown or black color.) I also authorize any other dental work such as fillings, extractions of problem baby teeth, placement of space maintainers, numbing the mouth and teeth and other procedures as needed. I have read the IMPORTANT HEALTH QUESTION above and will report any significant changes in my child's health to 855-481-8639. I have read the IMPORTANT NOTICE AND CONSENT ON THE BACK OF THIS PAGE and understand and agree to its terms.    For your privacy, please fold & secure.						
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QUESTIONS: 1-855-481-8639 FAX: 1-888-330-4331 Visit us at: mobiledentists.com

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