

Sept 19



SAVE TIME!

Sign up online

www.MySchoolDentist.com

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

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. A dental report card will be sent home with your child. Includes initial dental care & follow-up visits this school year. SIGN AND RETURN TO YOUR SCHOOL TODAY!



*For patients covered by Medicaid or PA CHIP

PLEASE COMPLETE

Form with fields: Child's Legal Name, Birth Date, Address, City, State, Zip, School, Teacher, Grade, Parent/Guardian Name, Phone, Email, Alt Phone. Includes checkboxes for Male and Female.

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/seizure disorders, allergies (including drug allergies), diabetes, bleeding problems, communicable diseases or immune disorders etc. If Yes, explain below (attach additional pages as needed). IF NO, LEAVE BLANK.

List current medications List any dental concerns

IF CHILD HAS MEDICAID/PA CHIP

Circle one of the following: Aetna, AmeriHealth, Blue Cross CHIP, Gateway, Geisinger, HealthPartners, Keystone First, Kidz Partners, Medicaid, United Concordia CHIP, United Healthcare, UPMC

Enter Child's Recipient ID Number (RIN) HERE:

OR Child's Social Security # (if available)

IF CHILD HAS PRIVATE DENTAL INSURANCE

Form with fields: Ins. Company name (other than Medicaid), Ins. Phone, Group #, Employer name, Co. phone, Name of Insured Adult, BIRTH DATE of Insured Adult, Member ID/Policy #, Social Security # of insured adult

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.) If my child needs additional dental services, I must agree to those services before they are provided. 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 FORM and understand and agree to its terms.

SIGN & DATE HERE

This consent authorizes the initial and future dental visits this school year.

DATE

For your privacy, please fold & secure.

QUESTIONS: 1-855-481-8639 FAX: 1-888-330-4331 Visit us at: mobiledentists.com

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ESPAÑOL AL REVERSO



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