



Maine Dental Health Out-Reach, Inc. Tooth Angel Program 2018-19 Dental Consent Form

Dental Hygiene Services: screening, x-rays, prophylaxis (dental cleaning), fluoride application, sealants, temporary fillings, antimicrobial liquid silver diamine fluoride, oral hygiene instruction, re-mineralization application & referrals to outside care
Dentist Services (when available at school): exam, local anesthesia (to numb up the tooth and gum), restorative care (included but not limited to) fillings, stainless steel crowns on baby molars, pulpotomys (nerve treatment) and extractions of infected non-savable teeth

Student's Name: Last _____ First _____

Mailing Address: _____ Town _____ Zip Code _____

Student's Date of Birth: ____ / ____ / ____ **Age:** ____ Male Female

Parent/Guardian Phone: 1. _____ home 2. _____ / cell / work

School: _____ **Teacher:** _____ **Grade** _____

Payment Options:

Student's MaineCare Number: _____ **A**

Traditional Dental Insurance: Staple a photocopy of the front and back of the insurance card to this form

Cash Payer: Staple a check to this form payable to MDHOI. **Fees:** age 12 and under \$80.00 age 13 and over \$90.00

MEDICAL INFORMATION:

Circle medical diagnosis: ADD, ADHD, Anxiety, Autism, Bleeding Disorders, Cancer, Depression, Diabetes, Heart Problems
Kidney Disease, Liver Disease or Other: _____

Medications: _____

List allergies: Dairy (milk casein), Dye, Environmental, Food, Gluten, Latex, Medication, or Other: _____

Does your child require Pre-Medication prior to dental procedures? Yes / No **Epi-Pen at school?** Yes / No

Last Dental Appt.: Month ____ Year ____ **By Whom:** Tooth Angel Program (us) Other (name)* _____

Has your child been dismissed from that practice? YES / NO Dental concerns? _____

Consent: By signing this document you are confirming that you give MDHO permission to treat your child for the above services and that you have read MDHO's Policy Disclosures, as described on the back side of this paper.

Parent/Guardian Signature _____ **Date:** _____

MDHO, Inc. HIPAA Policy Disclosure: This personal information will not be shared with anyone other than those listed in the “Parent/Guardian Consent to Treat” (below), without a HIPAA request form. If you would like a copy of MDHO, Inc.’s HIPAA Policy, you may obtain one from the school nurse or it can be downloaded from our website. www.mdhoi.org

Parent/Guardian Consent To Treat: I give MDHO, Inc. permission for my child to receive dental hygiene services by a MDHO public health dental hygienist. I understand that the dental hygiene services that will be received do not take the place of an examination by a dentist.

I also, give permission for my child to be treated by a MDHO dentist in the MDHO dental van at school, when the dentist is available, if additional dental services are needed that our MDHO dentist is unable to finished we will refer your child for further care.

If it is necessary to obtain confidential information, in order for this child to receive dental hygiene services, permission is also granted. This includes needed information given to and/or received from the school nurse, school staff (if there is no school nurse available), and from the previous dentist and/or the dentist MDHO, Inc. refers this child to for further dental care.

I understand it is my responsibility to contact MDHO, Inc. @ 377-7003, if my child has had a dental appointment in another office prior to being seen at school by MDHO.

I understand if my child does not qualify for this service the consent form will not be returned to you and will be shredded.

“MaineCare”Temporary Filling” Information: It is very important that you understand that this is not a permanent fix to the dental problem your child has. You need to take your child to a dentist for the proper care. If your child does not see a dentist, their condition could get worse.

Photo Consent: I give permission for MDHO to take a photo of my child. I understand this photo may be used on their website, in grant reports, in informational material about the program, as well as, other media purposes to promote the services that MDHO provides.

Photo Consent: Parent/Guardian Name _____ **Date:** _____

