MOBILE DENTIST VISITS ST. VALENTINE ON SEPTEMBER 30, 2019

Michigan Dental Outreach
...the mobile dentists

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

* For patients covered by Medicaid or MIChild (Medicaid/Delta Healthy Kids Dental)

SAVE TIME!
Sign up online
www.MySchoolDentist.com

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!**

PLEASE COMPLETE

Child's Legal Name		Birth Date	☐ Male ☐ Female
Address	City	State	Zip
School	Teacher		Grade
Parent/Guardian Name		Phone ( )	
Email		Alt Phone ( )	

IMPORTANT HEALTH QUESTION

Does your child have any past or present medical or dental conditions or disabilities? 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 your child has seen a dentist in the past 12 months, please provide the dentist's or practice's name & address _____ Date _____

FOLD

IF CHILD HAS MEDICAID/MICHILD (MEDICAID/DELTA HEALTHY KIDS DENTAL)

Circle one of the following: BCBS Healthy Kids, Delta Dental Healthy Kids, Medicaid

Enter Child's 10-digit Medicaid Recipient ID Number HERE: → ☐☐☐☐☐☐☐☐☐☐

OR Child's Social Security # (if available) ☐☐☐-☐☐-☐☐☐☐

IF CHILD HAS PRIVATE DENTAL INSURANCE

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 CHILD HAS NO DENTAL INSURANCE

(ALSO CHECK ONE BELOW) If paying for services, staple check or money order to this form & make payable to: Michigan Dental Outreach, PC

☐ I will pay the reduced fee for a dental cleaning, screening & fluoride per visit. Ages 13 or younger: **$69.00** Ages 14 or older: **$83.00**

☐ 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 Michigan Dental Outreach, PC (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 understand that, at any time, I may choose for my child to receive care from their dental home rather than from Michigan Dental Outreach, PC. 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.

SIGN & DATE HERE _____ _____
This consent authorizes the initial and future dental visits. **DATE**

For your privacy, please fold & secure.

QUESTIONS: 1-855-481-8639 FAX: 1-888-330-4331 AFTER HOURS: 1-800-964-7820 Visit us at: mobiledentists.com

Elliot P. Schlang, D.D.S., General Dentist & Dental Director
Michigan Dental Outreach, PC, 33533 W. Twelve Mile Road, Ste. 150, Farmington Hills, MI 48331

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