

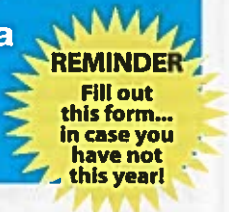
Smile Pennsylvania

...the mobile dentists



THE DENTIST IS COMING TO YOUR SCHOOL!

Our school has joined with Smile Pennsylvania to offer 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. 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	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address		City	State Zip
School	Teacher		Grade
Parent/Guardian Name		Phone () ()	
Email		Alt Phone () ()	

MEDICAL INFORMATION - Check each condition that applies to your child. Approx. date of last dental visit _____

Dental problems _____ Heart problems/valve replacements/shunts _____ Asthma/breathing problems _____

Epilepsy/seizures _____ Allergies _____ Current medications _____ Antibiotic premedication required _____

Other health problems (i.e., diabetes, bleeding problems, communicable diseases, etc.)? Explain (attach additional pages as needed) _____

IF CHILD HAS MEDICAID/PA CHIP

Circle one of the following: Medicaid, Gateway, United Healthcare, Keystone First, Ameri-health Caritas, UPMC, HealthPartners, Geisinger CHIP, Aetna, United Concordia CHIP, Coventry Care, Kidz Partners, Blue Cross CHIP Other: _____

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

***Medicaid & PA CHIP Program cover 100% of treatment**

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

IF CHILD HAS PRIVATE 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: Smile Pennsylvania.

I will pay the reduced fee for a dental cleaning, screening & fluoride per visit. Ages 11 or younger: \$49.00 Ages 12 or older: \$55.00

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.)

READ & SIGN BELOW

I request that the dentist perform a dental check-up on my child at school which includes exam, cleaning, fluoride, sealants and x-rays as needed, as well as other dental work as needed, including fillings, extractions of infected baby teeth, numbing the mouth and teeth and other procedures as described more fully on the back of this page. This permission includes future dental visits. I have read the IMPORTANT NOTICE AND CONSENT ON THE BACK OF THIS PAGE and understand and agree to its terms.

SIGN & DATE HERE → _____

DATE

OFFICE USE ONLY	
1st	6 mo
<input type="checkbox"/>	exam, proph, fluoride
<input type="checkbox"/>	exam, proph
<input type="checkbox"/>	(4)bx or (2)bx
<input type="checkbox"/>	PA films for diagnosis
<input type="checkbox"/>	seal (M)molars (MB)molars & bicuspid
<input type="checkbox"/>	(/) csl or (so)screen only

For your privacy, please fold & secure.

QUESTIONS: 1-888-833-8441 FAX: 1-888-330-4331 Visit us at: mobiledentists.com

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ESPAÑOL AL REVERSO

