



# THE DENTIST IS COMING TO SCHOOL AT NO COST\* TO YOU!

**REMINDER**

Fill out  
this form...  
in case you  
have not  
this year!

*Taking care of your child's teeth is important to keep them healthy.*  
**Please complete, sign & return to your teacher in 2 days**  
**Includes initial dental care & follow-up visits!**

## 1. ABOUT YOUR CHILD

If your child already sees a dentist regularly, continue to go to that dentist.

School or Program Name \_\_\_\_\_ County \_\_\_\_\_

Teacher \_\_\_\_\_ Room # \_\_\_\_\_ Grade \_\_\_\_\_ AM/PM \_\_\_\_\_

Child's Legal Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_ Male/Female  
(circle one)

Child's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
(PRINT CLEARLY & SIGN BELOW)

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Alt. Phone ( ) \_\_\_\_\_

## 2. INSURANCE INFORMATION

### MEDICAID & PA CHIP COVER 100% OF TREATMENT

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

**CHILD HAS MEDICAID/PA CHIP**

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

\*If your child is insured by Medicaid or PA CHIP.

**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 \_\_\_\_\_

**CHILD HAS NO DENTAL INSURANCE** If paying for services, please make check or money order payable to Smile Pennsylvania & staple to this form.

- I am able to pay the full fee for a dental cleaning, screening & fluoride per visit. Ages 11 or younger: **\$137.00** Ages 12 or older: **\$146.00**
- I certify that I need to pay for a subsidized service because I am unable to pay the full fee. It will cover dental cleaning, screening & fluoride per visit. Ages 11 or younger: **\$49.00** Ages 12 or older: **\$55.00**
- I certify that I am unable to pay the full or subsidized fee and request full financial assistance, which will cover dental cleaning, screening & fluoride (charity care unavailable for restorative treatment). We will send you a charity care application. Charity care available only once per school year.

## 3. CHILD'S MEDICAL HISTORY

### CHECK EACH CONDITION THAT APPLIES TO YOUR CHILD

- Recent Dental Problems  Sickle Cell Anemia
- Asthma or Wheezing  Fainting /Epilepsy/Seizures
- Behavioral Problems  Liver Problems/Hepatitis
- Communicable Diseases/TB  Kidney Problems
- Rheumatic Fever  HIV/AIDS
- Diabetes  Cancer
- Hemophilia/Bleeding Problems  Heart Problems - Describe \_\_\_\_\_

Notify us of any medical history changes.

List allergies (including allergies to medications) \_\_\_\_\_

Name/phone # of child's physician \_\_\_\_\_

Use space below to provide additional details on your child's health, including current medical treatment, other significant past illnesses, alcohol & tobacco use (including smokeless). List current medications. Attach another page as needed. \_\_\_\_\_

Approx. date of last dental visit. \_\_\_\_\_

CHECK IF ANTIBIOTIC PRE-MEDICATION REQUIRED FOR DENTAL TREATMENT

## 4. READ AND 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
	exam, proph, fluoride
	exam, prophy
	(4)bwx or (2)bwx
	PA films for diagnosis
	seal (M)molars (MB)molars & bicuspsids
	( / ) csf or (so)screen only

QUESTIONS: 1-888-833-8441 Fax: 1-888-330-4331 Visit us at: [mobiledentists.com](http://mobiledentists.com)

Elliot P. Schlang, D.D.S., General Dentist & Dental Director, Big Smiles Pennsylvania P.C.  
200 Barr Harbor Dr., Ste. 400-4079, West Conshohocken, PA 19428  
©Big Smiles Pennsylvania P.C., 2014

**ESPAÑOL AL REVERSO**  
For your privacy, please fold & secure.

PA-COMPR-008V2-REM 12-14

