

Help A Child Smile

Mobile Dental Program

Great News! The Help A Child Smile dental program has partnered with your child's school to offer full service in-school dental care.



Easy & Convenient...Does your child have a regular dentist? If the answer is no, and your child has not visited another dentist within the last 12 months, they are eligible to enroll.

IF YOUR CHILD ALREADY HAS ANOTHER DENTIST, YOU SHOULD CONTINUE SERVICES WITH THAT DENTIST.

TOTAL DENTAL CARE

Our comprehensive dental care includes: a complete exam, x-rays, cleaning, fluoride, sealants, and cavity treatment when needed.

School: _____ County: _____

Student Name: _____ M___ F___ Student Date of Birth _____

Primary Phone: (____) _____ Day Phone: (____) _____ Cell Phone: (____) _____

Address: _____ Apt#: _____ City: _____ Zip: _____

Email: _____ Grade: _____ Teacher's Name: _____

Check One: ☐ Child has Medicaid/Peach Care ☐ Child has Private Insurance ☐ Check, Credit Card or Money Order

Name of Insurance Company: _____ Policy Number: _____

Enter Child's 12 digit Medicaid Receptient ID Number HERE →

Medicaid & Peachcare cover 100% of treatment

CHILD'S MEDICAL HISTORY

CHECK EACH CONDITION THAT APPLIES TO YOUR CHILD

☐ Recent Dental Problems
☐ Latex Allergy
☐ Allergy to Medications/Other
☐ Asthma or Wheezing
☐ Behavioral Problems
☐ Heart Disease
☐ Rheumatic Fever

☐ Diabetes
☐ Hemophilia/Bleeding Problems
☐ Pregnant
☐ Sickl e Cell Anemia
☐ Epilepsy/Seizures
☐ Liver Problems/Hepatitis
☐ Kidney Problems

☐ HIV/AIDS
☐ Cancer
☐ Tuberculosis
☐ Communicable Disease
☐ Wheel Chair Access

Notify us of any medical history. A thorough and complete medical and dental history is important for a proper dental examination and evaluation.

List allergies to medication/other: _____

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.

READ AND SIGN BELOW

I understand and authorize Mark Shurett, DDS, PC (Provider) and its affiliated dentists to provide the following services for the above-named child for whom **I am the custodial parent or legal guardian**: dental exam & oral hygiene instruction, teeth cleaning, fluoride treatment, x-rays & dental sealants. I authorize the dentist to fill any cavities or to place a crown over the tooth if needed. I authorize Provider to extract any problem baby teeth or provide a baby root canal (removal of the nerves inside the tooth) as needed. I understand that there are risks to dental treatment including swelling or pain that may occur from the injection of a local anesthetic or allergic reaction. (For additional information regarding the risks of treatment and treatment alternatives, please call the number below.) I authorize & direct Provider to bill & collect payment from any Medicaid, insurance, or other payer. If I have private dental insurance, I will be billed for & agree to pay any deductibles and/or co-pays. Unless I have made pre-arrangements to attend, and am there at the time of service, services will be provided without my presence. I have received the Notice of Privacy Practices attached to this form and consent to the release of my child's medical record information as described therein.

We may send you text messages about the school dental program. Message and/or data fees may be charged by your wireless service provider; to discontinue texts, reply "STOP" to any message received from us. You also agree to receive pre-recorded and/or auto-dialed telephone calls relating to the school dental program at the land-line and/or mobile telephone numbers provided on this consent form.

This signed consent authorizes my child's initial dental visit and follow-up visits. I may withdraw this consent at any time in writing to address below.

SIGN HERE →

Print Name _____

Date _____

For your privacy, please fold & secure.

Healthy Smiles Happen at School



Great News! Help A Child Smile dental program has partnered with your child's school to offer full service in-school dental care.

The *American Dental Association* recommends yearly check-ups for your child. If your child has not visited a dentist within the last 12 months, this program is for you!

Already enrolled? Please fill out a new form, so we can update our records and medical history.

No Cost to You

Help A Child Smile is pleased to announce that there is no cost to you if your child is insured with Medicaid / Peachcare. We also accept most private dental insurance.

Easy & Convenient

Having your child seen by the in-school dentist saves you valuable time. Top quality care is provided by local, Georgia licensed dentists & hygienists in our fully equipped mobile dental offices. Our dental care at school includes: a complete exam, x-rays, cleaning, fluoride, sealants, and cavity treatment when needed.

Keep Your Child Healthy

If your child does not see a dentist regularly, he or she is at risk for:

- Early Tooth Loss caused by dental decay
- Gum and Heart Disease
- Impaired speech development

Childhood cavities are more common than asthma. Left untreated, infection caused by tooth decay can lead to other health problems as-well-as problems in eating, speaking, and learning.

Simply fill out the enrollment form and return it to your school TODAY.

If you have questions, please feel free to contact us toll-free at **(800) 770-0388**