



Dental Services Permission Form
NM Smiles

Please Select from ONE of the following : NO or YES

**NO I DO NOT WANT DENTAL SERVICES FROM NM SMILES FOR MY
CHILD**

Child's Name / Grade

Date of Birth

Parent's Signature and Date

IF YOU CHOSE NO STOP HERE NO MORE INFORMATION REQUIRED

**YES I DO WANT DENTAL SERVICES FROM NM SMILES FOR MY
CHILD**

Child's Name / Grade

Date of Birth

Parent's Signature and Date

My Child is NOT on Medicaid Give my Child a Free Exam

My Child Is ON Medicaid Child's SS# or ID#

My Child has Private Insurance

Insured Parent's Name(if applicable)

Insured Parent DOB

Name of Insurance Company

Insured Member ID or SS#

Group#

Insurance Company Telephone #

Parent or Guardian's Name (Print)

Phone

Child's Name (Print)

Child's Date of Birth

Child's Sex

Mailing Address City, State, Zip

Child's School

Teacher/Grade

CONSENT FOR SERVICES:

1. Do you want your child to have an exam by our dental providers? Yes____ No____
2. Do you want your child's teeth cleaned? Yes____ No____
3. May we apply Fluoride after cleaning to prevent cavities? Yes____ No____
4. May we take Dental X-rays if needed? Yes____ No____
5. May we apply dental sealants to teeth to prevent cavities? Yes____ No____
6. May fill small painless cavities WITHOUT Anesthetic ? Yes____ No____

TURN OVER TO COMPLETE HEALTH HISTORY