

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.

**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.

**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 _____			
<input type="checkbox"/> Dental problems _____ <input type="checkbox"/> Heart problems/valve replacements/shunts <input type="checkbox"/> Asthma/breathing problems			
<input type="checkbox"/> Epilepsy/seizures <input type="checkbox"/> Allergies _____ <input type="checkbox"/> Current medications _____ <input type="checkbox"/> Antibiotic premedication required			
<input type="checkbox"/> Other health problems (i.e., diabetes, bleeding problems, communicable diseases, etc.)? Explain (attach additional pages as needed)			
<b>IF CHILD HAS MEDICAID/PA CHIP</b>		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: _____	
Enter Child's Recipient ID Number (RIN) HERE: →			
*Medicaid & PA CHIP Program cover 100% of treatment			
<b>OR Child's Social Security # (if available)</b> [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]			
<b>IF CHILD HAS PRIVATE DENTAL INSURANCE</b>		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 _____	
<b>IF CHILD HAS NO DENTAL INSURANCE (ALSO CHECK ONE BELOW)</b> If paying for services, staple check or money order to this form & make payable to: Smile Pennsylvania.			
<input type="checkbox"/> I will pay the reduced fee for a dental cleaning, screening & fluoride per visit. Ages 11 or younger: <b>\$49.00</b> Ages 12 or older: <b>\$55.00</b>			
<input type="checkbox"/> 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
	exam, prophyl, fluoride
	exam, prophyl
	(4)bwx or (2)lwx
	PA films for diagnosis
	seal (M)molars (MB)molars & bicuspid
	( / ) x / (so)screen only

For your privacy, please fold & secure.

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

**PA-COMPR-009-REM 12/15**

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  
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**ESPAÑOL AL REVERSO**



