

Michigan Dental Outreach
...the mobile dentists...



THE DENTIST IS COMING TO YOUR SCHOOL!

Our school has joined with
Michigan Dental Outreach 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 ()	

IMPORTANT HEALTH QUESTION

Does your child have any past or present medical or dental conditions or disabilities? This may include heart issues, breathing problems, brain/seizure disorders, allergies (including drug allergies), diabetes, bleeding problems, communicable diseases or immune disorders etc. If Yes, explain below (attach additional pages as needed). IF NO, LEAVE BLANK.

List current medications _____ List any dental concerns _____
If your child has seen a dentist in the past 12 months, please provide the dentist's or practice's name & address _____ Date _____

IF CHILD HAS MEDICAID/MICHILD (MEDICAID/DELTA HEALTHY KIDS DENTAL)

Enter Child's 10-digit Medicaid
Recipient ID Number HERE: →

--	--	--	--	--	--	--	--	--	--

*Medicaid & MICHild (Medicaid/Delta Healthy Kids Dental) cover 100% of treatment

OR Child's Social Security # (if available)

			-			-				
--	--	--	---	--	--	---	--	--	--	--

IF 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 _____

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: Michigan Dental Outreach, PC.

- I will pay the reduced fee for a dental cleaning, screening & fluoride per visit. Ages 13 or younger: **\$69.00** Ages 14 or older: **\$83.00**
 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.)

If your child sees a dentist regularly, and you want to continue care with that dentist, you should do so.

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. I understand that, at any time, I may choose for my child to receive care from their dental home rather than from Michigan Dental Outreach. This permission includes future dental visits.
I have read the IMPORTANT HEALTH QUESTION above and will report any significant changes in my child's health to 855-481-8639. 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

For your privacy,
please fold & secure.

QUESTIONS: 1-855-481-8639 FAX: 1-888-330-4331 AFTER HOURS: 1-800-964-7820 Visit us at: mobiledentists.com

Elliot P. Schlang, D.D.S., General Dentist & Dental Director
Smile Michigan, P.C., 33533 W. Twelve Mile Road, Ste. 150, Farmington Hills, MI 48331
© Smile Michigan, P.C., 2017

ESPAÑOL AL REVERSO

