Optional Dental Hygiene Care

PREVENTION WORKS

Complete this form if you wish your child to have dental hygiene services at their school.

Child Name: _____ Date of Birth: _____ School: _____

Address: _____ Phone #: _____ Grade: _____

List of Medical Conditions and Medications: _____

Allergies: _____Last Dental Visit: _____ Dentist/hygienist: _____

Antibiotics Prior to Dental Appointments? Yes/ No Can I leave a voicemail? Yes/No

Dental Services Offered and Fees:

- Dental Cleanings (Under 13 $35.00, 13 and over $45.00)
- Fluoride Varnish Treatments ($15.00)
- Sealants ($16.00)
- Temporary Protective Restorations ($30.00)
- Oral hygiene instructions and oral assessments are included with all treatments.

Payment Options:

- Cash/Check/Money Order, payable to Prevention Works (There is a $20.00 fee for insufficient funds).
- Debit/Credit Card, Health Savings Account
- We accept and bill MaineCare. Members ID#_____
- Most dental insurance are accepted. Name of Insurance Company: Insurance Phone #:

Subscriber ID#: Group #: Name of Subscriber: Subscriber Date of birth:

I give my permission for my child to receive dental hygiene care at their school. The services that are offered are listed above. Treatment is based on your child's needs and those treatments will be completed unless you note otherwise on this permission form. I understand that the treatment provided is by a dental hygienist, not a dentist and that these services do not replace routine dental exams. I understand my child will be seen twice a year at school and if my dental insurance fails to pay for services, than I am responsible for the outstanding balance. I agree to contact Prevention Works (PW) if there are any changes on my child medical history. I understand PW follows HIPAA confidentiality requirements of patient records. In order to provide my child with the proper care, I give my permission to request and release confidential dental and/or health information pertaining to my child. This may include but not limited to receiving payments, previous records, referrals or information released to the school nurse or PW.

Signature of parent or guardian: _____ Date: _____

A dental report card will be sent home with your child explaining what treatment was completed, findings and recommendations. If you have any questions, please call Alissa Wade 207-949-2963.