Preventive Dental Services: Available at School Based Health Centers

Dental Cleanings, Sealants, Fluoride Oral Hygiene Instruction

To: Parents/Guardians

Oral health is an important part of total health. Research is showing that when infection is present in the mouth it does affect other parts of the body. Heart disease, stroke, respiratory diseases, diabetes and pre-term births have shown a connection to certain bacterial infections in the mouth. Through education and prevention dental disease is preventable and curable, improving ones overall wellbeing.

A registered dental hygienist from T. F.I. (Tooth Fairies) will be providing dental cleanings, sealant placement, fluoride and brushing instructions at school. The purpose of this program is to decrease disease by providing preventive dental care and education to those who have difficulty accessing these services. Services provided are available to students who are not established with a dentist (going on a regular 6 months schedule). MaineCare will cover this service. If your child is not covered under MaineCare, the fee for this service is $42.00. There is financial assistance if needed.

If you would like your child to participate, complete the Health History on the back of this page and return the completed form to school. If you have any questions please call T.F.I. at 754-1176.

Brush*Floss*Smile

T.F.I.
Dental Hygienists Dedicated to Prevention
754-1176
Please Complete this Consent Form if you would like your child to receive Preventive Dental Services.

Preventive Dental Services will be provided within the School Based Health Center under Public Health Supervision of Maine.

**Patient Information:**
School (please circle): LHS LMS ELHS AMS Grade:______

First Name:__________________________ Last Name:_______________________ Date of Birth:_____________

Address:___________________________________________ Parent/Guardian Contact Phone #:___________________

1. Does the patient see a dentist regularly (every 6 months)? Yes or No
   If yes, please list Office Name and Date of last visit. _______________________________________
   Community Dental,  CCS (previously B-Street)

2. Has the patient previously been seen by T.F.I. (Tooth Fairies)? Yes or No

3. The following Services will be provided as needed:
   Oral Hygiene Instruction  Dental Cleaning  Sealant Placement  Fluoride Varnish
   If Scheduling allows, would you like your child seen twice in a school year? YES NO

4. Health History:
   * Please list patient’s physician and telephone #:_____________________________________________
   * Does the patient have any known **allergies**? Yes or No If yes, please list _______________________
   * Does the patient require **Antibiotic Prophylaxis** prior to dental treatment? Yes or No
   * Does the patient see a cardiologist (heart doctor)? Yes or No
   * Is the patient taking any **medication**? Yes or No If yes, please list:__________________________

   * Please circle if any of the following that applies to the patient:
   ADHD  Diabetes  Head Injuries  Sinus Problems  Rheumatic Fever  Tuberculosis
   Asthma  Epilepsy  Heart Murmur  Nervous Disorders  Stomach Problems  Ulcers
   Autistic  Cancer  Hepatitis  Kidney Disease  Latex Allergy  Bleeding Disorder
   Other medical condition not listed:_________________________________________________________________

5. Are there any patient concerns you would like us to address?

6. Is the patient covered by MaineCare? Yes or No
   If Yes, MaineCare will cover this service, the patient’s MaineCare# is_______________________________
   If No, the fee for this service is: $42.00 for Cleaning with Fluoride, Sealants and Oral Hygiene Instruction
   Please attach a check or money order made payable to T.F.I.
   Financial assistance is available, please check here_____ or call for details 207-754-1176.
   Does the patient have private dental insurance? Yes or No

T.F.I. follows HIPPAA regulations governing patient confidentiality, information available upon request.

I (parent/guardian) understand that occasionally limited information must be transmitted electronically for payment purposes. T.F.I. (aka Tooth Fairies) are Public Health Registered Dental Hygienists providing preventive dental services under Public Health Supervision of Maine. Contact Information for T.F.I.:
207-754-1176, Email: healthysmiles4me@gmail.com, 39 Breton Lane, Oxford ME 04270

Parent or Guardian Signature:__________________________________ Date:___________

Please Print Name:___________________________________________ Relationship to child:_________________

By signing this form you give T.F.I. permission to treat your child. He/she will be seen sometime within the school year. It is understood that this service does not take the place of a complete exam by a dentist.

Please Fold for Privacy and Return to the School Based Health Center

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