

Gorham Middle School

Preventive Dental Services:

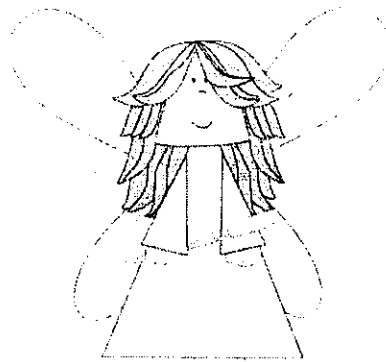
Dental Cleanings, Sealants, Fluoride Oral Hygiene Instruction

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 **no later than September 11, 2015**. If you have any questions please call T.F.I. at 754-1176.



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 at School.**

Preventive Dental Services will be provided at your child's school under
Public Health Supervision of Maine.

Patient Information: Grade: _____ Teacher: _____

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 patients 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 HIPPA 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, 386 Minot Avenue, Auburn, ME 04210

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