



THE DENTIST IS COMING TO YOUR SCHOOL!

Our school has joined with Big Smiles 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 CHILD HAS MEDI-CAL (also known as BIC, Denti-Cal, Medicaid)

IMPORTANT: IF YOU HAVE MEDI-CAL, WE MUST HAVE YOUR ID NO. IN ORDER FOR THE DENTIST TO SEE YOUR CHILD.

Enter Child's

ID Number HERE: →

ID No.

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*Medi-Cal covers 100% of treatment.

OR Child's Social Security # (if available)

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

I may be interested in paying for dental services. Please contact me.

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

READ & SIGN BELOW (If you have questions or would like to speak to a dentist, please call us at 855-481-8639.)

I request that the dentist perform a dental check-up on my child at school which includes exam, cleaning, fluoride, sealants, Preventive Resin Restoration and x-rays as needed, as well as other dental work as medically necessary, 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 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 FORM 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 Visit us at BigSmilesDental.com

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ESPAÑOL AL REVERSO

