



Smiles To Go, LLC.
1620 East Main Street
Liberty, MS 39645
Office Phone: 601-657-1164
Fax: 601-657-5936

Dear Parents:

Your School District has partnered with Smiles To Go to visit your schools. With parental permission, Smiles To Go offers preventive services to ALL students regardless of dental coverage. Dental Decay is the #1 chronic disease among school age children. Research literature has shown that school based dental sealant programs have had a major impact in decreasing the amount of dental decay among children. With this in mind, here are a few facts from Smiles To Go:

- Preventive services are offered to ALL students regardless of any dental coverage.
- We treat Head Starts, Pre-K through twelfth grade students, whose parents have consented.
- Urgent cases will be referred immediately to a LOCAL dentist.
- The MS Dental Board of Examiners does permit billing to insurances, however, no out of pocket charges go to the student or family.
- Tooth brushes are given to every student who participates.
- All the team's equipment is portable for easy setup and take down.

Thank you again for your participation and help in implementing this program. Please contact me at (ashley@smiles2go.net) for any additional information.

Sincerely,

Ashley Casey
Owner

Master

Smiles To Go, LLC
DENTAL SCREENING CONSENT FORM
1620 East Main Street Liberty, MS 39645
Office: 601-657-1164 or 601-657-5972 Fax: 601-657-5936

School: _____ Grade: _____ Teacher: _____

Smiles To Go, LLC will visit your child's school to provide select dental services (exams, sealants, x-rays, fluoride, cleaning, etc.). Dentists, Registered Dental Hygienists, or trained staff will provide these services in your child's school with portable equipment. This consent form will be effective for the whole school year and will allow our team to provide a six month checkup. **PLEASE COMPLETE ALL OF THE INFORMATION REQUESTED BELOW SIGN THE SIGNATURE LINE AND RETURN TO THE SCHOOL** if you would like your child to receive this service. You will receive a report after your child is seen. If you have questions, please call (601) 657-1164.

PLEASE PRINT AND USE INK

Child's Name _____ Male _____ Female _____ Ethnicity _____

Birthdate: _____ Phone: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Child's Social Security Number: _____

Medicaid enrolled: YES NO Medicaid Number: _____

CHIP Enrolled: YES NO CHIP Number: _____

Other Insurance: Yes No If yes, name of Insurance: _____

Policy Number: _____ Name of Subscriber: _____

Employer: _____ Subscriber's Date of Birth _____

Subscriber's Social Security Number _____

Health History

Has your child ever had any serious health problems listed below: (Please check)

Diabetes Asthma Behavior Problems Mental Retardation Anemia Sickle Cell

Other (explain) _____

What is your child's current weight _____ Height _____

If older than 13 years old does your child smoke? yes no

Is your child allergic to any food or medication? If so please list _____

If your child is currently taking any medication please list in the blank provided Is your child allergic to? (please check) latex acrylic/plastic.

If your child is currently seeing a dentist list their name _____ Date of last dental visit _____

PARENT OR LEGAL GUARDIAN MUST READ AND SIGN BEFORE CHILD MAY PARTICIPATE

I give permission for Smiles To Go, LLC to treat my child. This information form will become part of our permanent record and will be held in strict confidence. I verify that I have read this form and understand the privacy of health information (HIPPA). I give permission for the Clinic to provide quality assurance audits of dental records. It is important to note, if the patient already has a dentist, then contact them to arrange dental care through that provider. Treatment provided may affect the future benefits that the patient receives under private insurance, Medicaid; or the Children's Health Insurance Program (CHIP). For example, if you choose to participate in our program then this will count as one of your regular dental visits, etc- All children are eligible to receive these services regardless of whether they have insurance or not.

Signature: X _____

Please Print Name: _____ Date: _____