Smile Maryland

MISSED DENTAL CARE DUE TO COVID?

Get in-school dental care at NO COST* to you.

* For patients covered by Medicaid or Maryland Healthy Smiles

Sign Up Online!
www.MySchoolDentist.com
Scan the code with your phone.

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. Permission includes initial dental care & follow-up visits. **SIGN AND RETURN TO YOUR SCHOOL TODAY!**

Member ADA American Dental Association®

PLEASE COMPLETE

Child's Legal Name		Birth Date	☐ Male ☐ 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 CONDITIONS, DISABILITIES, BEHAVIOR OR OTHER PROBLEMS? PLEASE CHECK EACH CONDITION THAT APPLIES TO YOUR CHILD AND EXPLAIN IN THE SPACE PROVIDED. ATTACH ADDITIONAL INFORMATION TO THIS FORM AS NEEDED.
IF NO CONDITIONS APPLY, LEAVE BLANK.

☐ Active contagious diseases (including COVID-19)	☐ Allergies-foods/seasonal	☐ Bleeding disorders	☐ Diabetes	☐ Kidney disease
☐ Asthma	☐ Allergies-medications	☐ Breathing problems	☐ Heart problems	☐ Liver disease
	☐ Behavior problems	☐ Dental problems	☐ Immune disorders	☐ Seizures

☐ Other _____ Explain _____

List current medications and/or dental concerns: _____

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IF CHILD HAS MEDICAID/MARYLAND HEALTHY SMILES

Enter Child's 11-digit Medicaid Recipient ID Number HERE: → ☐☐☐☐☐☐☐☐☐☐☐

OR Child's Social Security # (if available) ☐☐☐ - ☐☐ - ☐☐☐☐

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PRIVATE DENTAL INSURANCE

Ins. Company Name (*not Medicaid*) _____ Ins. Phone ( ) -

Group # Employer Name Co. Phone ( ) -

Insured Adult Name **Insured Adult Birthdate** / /

Member ID/Policy # Insured Adult SS # - -

IF CHILD HAS NO DENTAL INSURANCE (CHECK ONE BELOW)

If paying for services, staple check or money order to this form & make payable to: **Smile Maryland**.
To pay by credit card, call 855-481-8639.

☐ I will pay the reduced fee for a dental cleaning, screening & fluoride per visit. Ages 13 or younger: **$70.00** Ages 14 or older: **$87.00**

☐ I request donated care to cover the cost of a dental cleaning, screening and fluoride for my child.
(We will send you a donated care application. Available only once per school year for preventive care only.)

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

READ & SIGN BELOW

I understand and authorize S.K. Pesis D.D.S., Big Smiles Maryland, PC (Provider), its affiliated dentists or dental hygienists, to provide dental services at school to the above named child for whom I am the custodial parent or legal guardian, including an exam, cleaning, fluoride, sealants, x-rays and the application of Silver Diamine Fluoride as needed. (The use of Silver Diamine Fluoride may discolor any cavities to a brown or black color. SEE BACK FOR DETAILS.) I also authorize any other dental work such as fillings, extractions of problem baby teeth, performing a pulpotomy (baby tooth nerve treatment), numbing the mouth and teeth and other procedures as needed. 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 PAGE and understand and agree to its terms.

SIGN & DATE HERE _____ _____
This consent authorizes the initial and future dental visits. **DATE**

For your privacy, please fold & secure.

QUESTIONS: 1-855-481-8639 FAX: 1-888-330-4331 Visit us at: mobiledentists.com

ESPAÑOL AL REVERSO

S.K. Pesis D.D.S., General Dentist & Dental Director
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