

BLUE RIDGE DENTAL – SCHOOL-BASED DENTAL SCREENING CONSENT FORM

Office address: 2595 Chimney Rock Road, Hendersonville, NC 28792

Office: 828.692.4289 ext. 2258 Fax: 828.696-1552



PLEASE COMPLETE & RETURN THIS FORM ON THE NEXT DAY OF SCHOOL

To prepare your child to learn, it is important that they see a dentist on a regular basis. This ensures your child will remain healthy and avoid toothaches, cavities or other dental-related problems. If interested, your child will now have the opportunity to receive a dental assessment (including digital radiographs and intra-oral images,) cleaning, fluoride and sealants through our school-based mobile dental program. If your child already has a dentist, there is no need to complete this form. Your child should continue coordinating care with that dentist. Blue Ridge Health's dental bus will be set up at your child's school during the school year. This consent is effective for the entire school year. After your child's visit, your child will receive a walk-out statement to bring home that lists services performed, and any additional information. If your child needs additional dental care performed by the dentist, you will be contacted individually.

A separate form is needed to each of your children. If you have questions, please call the numbers above.

Dental patients of any Blue Ridge Health location: Stokes, Collins, Rutherford, Brevard are considered patients of record of this school-based program.

PATIENT/CHILD'S NAME
CHILD'S BIRTH DATE GRADE GENDER M F
PHONE TEACHER SCHOOL
ADDRESS CITY ZIP

INSURANCE INFORMATION (CHECK ONE):
MEDICAID / NC Health Choice ID Number
PRIVATE DENTAL INSURANCE Policy/ID Number Group Number
UNINSURED

* HEALTH HISTORY INFORMATION • Has your child ever had any serious health problems listed below:
(Please check all that apply) Diabetes Asthma Behavior Problems Anemia Sickle Cell
Other (Explain)

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

Is your child currently taking any medications? If so, please list

Is your child allergic to? Latex Acrylic/Plastic

Does your child have any dental pain? Yes No If Yes, how long

PARENT or LEGAL GUARDIAN MUST SIGN BEFORE CHILD CAN PARTICIPATE By signing below, the parent or legal guardian is saying YES, I authorize a licensed public health trained hygienist under the authorization of a North Carolina state-licensed dentist with Blue Ridge Health to provide my child a dental assessment, radiographs, intra-oral images, cleaning, fluoride, and sealants at their school without my presence unless I withdraw consent. Dental care service is provided for children with Medicaid, Private Insurance, or those with no insurance coverage. Services are no out-of-pocket costs and are charged directly to Medicaid, or private insurance provider. If your child already sees a dentist on a regular basis, the parent or guardian should continue to arrange dental care through that provider. The treatment of your child through this mobile dental program may affect insurance benefits (as with any dental office) as treatment services will be billed to your dental insurance provider.

PLEASE SIGN HERE: DATE:
PRINT NAME:
RELATION TO CHILD: