

DENTAL CONSENT FORM



we're on facebook

Dental Safari Company
 7562 Old Rt 13
 Marion, IL 62959
 (618) 993-8333
 (618) 993-8335 fax
 contact@DentalSafariCompany.com

School _____ Grade _____
 County _____ Teacher _____

Now! Can Fill Out / Submit Online!!

Parents/Guardian

DENTAL SAFARI COMPANY, a fully licensed, professional corporation, will be at your child's school. By signing this consent form, your child will receive a visual exam (no x-rays) by a licensed dentist, a cleaning, Fluoride, and sealants as needed.

ALL CHILDREN ARE ELIGIBLE. Please select the method of payment you would like to use (check one):

- Medicaid / All Kids (9-digit ID# required)
- Grant Fund – Child is on the free or reduced lunch program but has NO MEDICAL CARD #.
- Private Insurance – Most private insurance pays 100% on services we perform (questions: call (618) 993-8333)
- Cash (or Check) Payment (pick one) Full Price \$128 [due with consent form]
- Credit Card / PayPal (go to website) Reduced Fee (\$75 total. [due with consent form] **Must Sign Declaration below**)

www.DentalSafariCompany.com

Cash Payment Declaration/Reduced Fee Waiver

For financial reasons, Parent/Guardian is unable to pay Full Price for dental services at this time.

_____ (print name)

_____ signature

_____ date

Child's (legal) Name _____ Male Female Birth Date ____ / ____ / ____

Address _____ City _____ ZIP _____ Phone _____

OK, to text?

Cell Phone: _____ Yes No e-mail: _____

Is Child Eligible for Free or Reduced Lunch? YES NO (9-digit # on back of Card)

Medical Card KidCare / All Kids Card RECIPIENT ID# _____

Does Your Child have PRIVATE Dental Insurance? YES NO

Primary Card Holder Name _____ Phone _____ Employer _____

Primary's Address _____

Primary's: Birth Date ____ / ____ / ____; Primary's Soc. Sec. #: _____ - _____ - _____

DENTAL insurance company _____ Insurance Company Phone _____

Member ID#: _____; Group #: _____

YES NO **NEED FOR PREMEDICATION?** – Does child need premedication with antibiotics for dental treatment?

**** IF YES** – Please call our office: (618) 993-8333

HEALTH HISTORY – PLEASE FILL OUT COMPLETELY

Has your child had any history of the following? Check ALL that apply:

- AD/HD Blood Disorders Diabetes Heart Speech Difficulties
- Allergies (seasonal) Cancer Ear Aches Heart Murmur Surgeries
- Asthma Cerebral Palsy Growth Problems Pregnancy Tobacco / Drug Use
- Autism Chronic Sinusitis Hearing Seizures Other

Other (checked above) Please Describe: _____

YES NO **Is child allergic to ANY medication?** list _____

YES NO **Is child taking ANY medications at this time?** _____

YES NO **Has your child ever suffered injuries to the mouth, head, or teeth?** _____

YES NO **Does child's home have well water?** _____

6-Month Recall?

If we return in six months, would you like your child to receive a dental exam, cleaning, Fluoride and sealants at that time as well?

YES NO

Undecided, would like more information

* The American Academy of Pediatric Dentistry (AAPD) recommends children visit the dentist at least every six months (twice a year)

Optional: Photo/Video Release For Minor Child

_____ parent/guardian

_____ child

I, as parent/guardian, of the above child, give permission to Dental Safari Company to take and use pictures/videos in promotional material with no compensation to me. NOTE: Your child's name will not be used unless further permission is given.

_____ (signature)

IMPORTANT: PARENT / GUARDIAN SIGNATURE REQUIRED

I am a custodial parent or legal guardian of the minor child named above. I authorize and consent to this child receiving the dental treatment described, and allow the school nurse/school representative and dental provider access to child's dental record.

 SIGNATURE (RELATION TO CHILD) DATE

* By signing, you give permission to treat your child and understand your HIPPA rights.

[HIPPA form can be reviewed at www.DentalSafariCompany.com, or a copy can be sent to you by using

DENTAL SAFARI COMPANY'S contact information in upper-right corner of this Consent Form]

* Also, gives permission for HFS, QA Audits and providers to return to your school and re-check your child's sealants.