## **SCHOOL - DENTAL OUTREACH PROGRAM**

(2022-2023 Consent Form)



Your child's school has elected to participate in the Kansas School Sealant Program. Dental Professionals will be offering services such as cleanings, sealants, fluoride varnish, and/or Silver Diamine Fluoride (SDF) (additional consent form required for SDF treatment). These services are being offered at no cost to you or the school; however, PrairieStar Health Center will bill all insurance for services.

PATIENT INFORMATION (please print)								
SCHOOL NAME				STUDENT GRADE	TEACHER	R NAME		
STUDENT LEGAL NAME					DATE OF	BIRTH		MALE
								FEMALE
RACE/ETHNICITY (CHECK ALL THAT APPLY)							•	
WHITE ASIAN AM			ERICAN INDIAN / ALASKAN NATIVE OTHER / PACIFIC ISLANDER					
BLACK / AFRICAN AMERICAN NATIVE HAWAIIAN HIS			PANIC / LATINO		NOT I	HISPANIC /	LATINO	
PARENT/GUARDIAN <b>PRINTED</b> NAME								
ADDRESS				CITY		STATE	ZIP	
PHONE				ALTERNATE PHONE				
FHONE				ALTERNATE PHONE				
DOES YOUR CHILD HAVE A DENTIST?	YES N	10	IF YES, NAME	OF DENTIST:				
WHEN DID YOUR CHILD LAST VISIT THE DENTIST?	< 6 MONTHS	S	6 MONTHS	1 YEAR	> 1 YEAR		NEVER	
HEALTH HISTORY (select all that apply	)							
RECENT DENTAL PROBLEMS ANEMIA			LIST ALLERGIES (INCLUDING MEDICATION)					
ASTHMA OR WHEEZING	FAINTING / SEIZURES / EPILEPSY			,		,		
BEHAVIORAL PROBLEMS	LIVER PROBLEMS / HEPATITIS							
TUBERCULOSIS	KIDNEY DISEASE			OTHER CONDITION(S) NOT LISTED				
RHEUMATIC FEVER	THYROID PROBLEMS			·				
DIABETES	STOMACH PROBLEMS / ULCERS							
HEMOPHILIA / BLEEDING PROBLEM	HIV / AIDS			NAME OF PRIMARY PHYSICIAN				
SILVER ALLERGY	CANCER							
HEART PROBLEMS (DESCRIBE):				NAME & ADDRESS OF PREFERED PHARMACY				
IS YOUR CHILD CURRENTLY TAKING ANY MEDICATION?	YES N	Ю	IF YES, PLEAS	SE LIST MEDICATION(S	):			
The State of Kansas and the Dental Profess services. Services may include treatment p services were provided along with a dental	provided two (2	) times d						
Data obtained from these services may be a Centers for Disease Control and Prevention are granting permission and consenting to a without compensation.	n (CDC). Health	h informa	ation specific to	your child will never b	e disclosed in	any form or	publicatio	n; however, you
CONSENT FOR TREATMENT		stive des	tal a amila a a fa			an the enemy		- al
I authorize PrairieStar Health Center to pro NAME OF DENTAL INSURANCE COMPANY	ovide preventa	ative den	ital services fo	r my child and to bill m	iy insurance t	or the servi	ces provid	ea.
NAME OF BENTAL INSURANCE COMPANY								
PRIMARY HOLDER NAME				PRIMARY HOLDER DATE OF BIRTH				
PRIMARY HOLDER INSURANCE MEMBER # (	OR SOCIAL SE	CURITY #	#	1				
PARENT/GUARDIAN SIGNATURE				DATE				

### SCHOOL - DENTAL OUTREACH PROGRAM

(2022-2023 Consent Form)



PATIENT NAME DATE OF BIRTH

# INFORMED CONSENT for SILVER DIAMINE FLUORIDE



#### **FACTS FOR CONSIDERATION**

- A small amount of SDF is applied to the decayed tooth area.
- Silver diamine fluoride (SDF) is a liquid that helps stop tooth decay. SDF is applied every 3, 6, and 12 months.
- After SDF application, no eating or drinking for 60 minutes, and no tooth brushing until the following morning.
- The decayed area will stain black permanently.
- Healthy tooth structure will not stain.
- · I should not be treated with SDF if:
  - 1) I am allergic to silver.
  - 2) there are painful sores or raw areas on my gums or anywhere in my mouth.

#### **BENEFITS OF RECEIVING SDF**

- · Helps stop tooth decay
- Fast
- Do not need to numb teeth
- · Does not hurt

#### RISKS OF RECEIVING SDF

- The affected area will stain black permanently. This means SDF is working properly.
- Tooth-colored fillings and crowns may discolor if SDF is applied to them.
- · After SDF treatment, a filling or crown might still be needed.
- If accidentally applied to the skin or gums, a brown or white stain may appear that causes no harm, cannot be washed off, and will disappear in 1-3 weeks
- SDF will stain if spilled on clothing.
- Possible allergic reaction.
- There is a slight risk that the procedure will not stop the decay.
- · Not every cavity can be treated with SDF.

#### ALTERNATIVES TO SDF, NOT LIMITED TO THE FOLLOWING:

- No treatment, which may lead to continued break down of the tooth. Symptoms may get worse.
- · Placement of fillings or crowns, extractions, or referral to a specialist.

#### CONSENT FOR TREATMENT

I have read this form. I understand the treatment and have had the chance to ask questions. I have seen photos, and I have been made aware of how my teeth may look after SDF treatment discolors the cavities.

I consent and authorize PSHC Dental Outreach to use Silver Diamine Fluoride to help stop tooth decay.

PATIENT / PARENT / GUARDIAN SIGNATURE	DATE