

**Michigan Dental Outreach**  
...the mobile dentists



## THE DENTIST IS COMING TO YOUR SCHOOL!

**Our school has joined with  
Michigan Dental Outreach  
to offer in-school dental care.**

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

### PLEASE COMPLETE

Child's Legal Name		Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City	State	Zip
School	Teacher		Grade
Parent/Guardian Name		Phone ( )	
Email		Alt Phone ( )	

**MEDICAL INFORMATION** - Check each condition that applies to your child. If your child has seen a dentist in the past 12 months, please provide the dentist's or practice's name and address \_\_\_\_\_ Date \_\_\_\_\_

- ☐ Dental problems \_\_\_\_\_ ☐ Heart problems/valve replacements/shunts ☐ Asthma/breathing problems  
☐ Epilepsy/seizures ☐ Allergies \_\_\_\_\_ ☐ Current medications \_\_\_\_\_ ☐ Antibiotic premedication required  
☐ Other health problems (i.e., diabetes, bleeding problems, communicable diseases, etc.)? Explain (attach additional pages as needed) \_\_\_\_\_

### IF CHILD HAS MEDICAID/MICHILD (MEDICAID/DELTA HEALTHY KIDS DENTAL)

Enter Child's 10-digit Medicaid  
Recipient ID Number HERE: →

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Medicaid & MiChild (Medicaid/Delta Healthy Kids Dental) cover 100% of treatment

OR Child's Social Security # (if available)

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### IF CHILD HAS PRIVATE INSURANCE

Ins. Company name (other than Medicaid) \_\_\_\_\_ Ins. Phone \_\_\_\_\_

Group # \_\_\_\_\_ Employer name \_\_\_\_\_ Co. phone \_\_\_\_\_

Name of Insured Adult \_\_\_\_\_ BIRTH DATE of Insured Adult \_\_\_\_\_

Member ID/Policy # \_\_\_\_\_ Social Security # of insured adult \_\_\_\_\_

### IF CHILD HAS NO DENTAL INSURANCE

(ALSO CHECK ONE BELOW)

If paying for services, staple check or money order to this form & make payable to: Michigan Dental Outreach, PC.

- ☐ I will pay the reduced fee for a dental cleaning, screening & fluoride per visit. Ages 13 or younger: **\$66.00** Ages 14 or older: **\$79.00**  
☐ 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, you may want to continue to go to that dentist.

### READ & SIGN BELOW

I request that the dentist perform a dental check-up on my child at school which includes exam, cleaning, fluoride, sealants and x-rays as needed, as well as other dental work as needed, including fillings, extractions of infected baby teeth, numbing the mouth and teeth and other procedures as described more fully on the back of this page. I understand that, at any time, I may choose for my child to receive care from their dental home rather than from Michigan Dental Outreach PC. This permission includes future dental visits. I have read the IMPORTANT NOTICE AND CONSENT ON THE BACK OF THIS PAGE and understand and agree to its terms.

**SIGN & DATE HERE**

DATE

OFFICE USE ONLY	
1st	6 mo
	exam, proph, fluoride
	exam, proph
	4 bwx
	PA films for diagnosis
	seal perm molars
	(1st) or (2nd) perm molars
	csf

**For your privacy, please  
fold & secure.**

**QUESTIONS: 1-888-833-8441 FAX: 1-888-330-4331 AFTER HOURS: 1-800-964-7820 Visit us at: [mobiledentists.com](http://mobiledentists.com)**

Elliot P. Schlang, D.D.S., General Dentist & Dental Director  
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