

Dear Parents/Guardians,

The Health and Wellness Center Mobile Dental Clinic would like to help make dental treatment easier for you. The HWC Mobile Dental Clinic will be coming to your child's school campus to do dental exams and cleanings on site, during school hours. The mobile dental clinic is set up to handle most dental needs for your child. After your child's exam, a form will be sent home showing recommended dental work for you to review. The dentist will send home a new patient paperwork packet with your child's treatment plan to fill out and turn into the school. This will be necessary for the mobile dental clinic to have the consent to do treatments. The HWC mobile dental clinic will return to your child's school campus on another day to do any additional dental treatment (i.e.: fillings, sealants, or removal of infected teeth). This will also give you the chance to discuss this treatment with the dentist and make plans to be present for your child if you chose. If it is determined your child has more advanced dental disease, we may only do a dental evaluation and send a referral slip home for your child to see a specialist.

A Demographic/Consent form must be filled out and signed before we can see your child to do exams at your child's school. It includes the child's information at the top, insurance or soonercare information in the middle, and health questions at the end. *You need to check the box under the permission to treat, sign, and list a few names of school personnel you would like to accompany your child or your name if you prefer to be present with your child.* This information is confidential and will be used for the proper treatment of your child by our dental professionals.

The cost of the services will be covered by your dental insurance or SoonerCare. We also have a sliding scale discount based on income. If you have any questions or want exact details please contact the Health and Wellness Center dental department at 918-967-3368. **A copy of your child's insurance or SoonerCare card (front and back) is needed for treatment.** Please provide one or have the school office assist you with this.

Please fill out the Demographic/Consent form today and return it to your child's teacher or the school office.

Your Child's dental health is our priority!

Sincerely,

The Health and Wellness Mobile Dental Clinic



MOBILE DEMOGRAPHIC AND CONSENT FORM FOR HEADSTART/SCHOOL

Dear Student/Parent /Guardian,

Patient # _____

Thank you for allowing us to complete your dental examination this year. Please complete the following information. The Health and Wellness Center needs everything filled out in order to provide the dental examination and additional needed dental care for cavities or oral infections. If there is coverage under Sooner Care or private insurance, The Health and Wellness Center will bill them directly. If you or your child isn't covered by any insurance for treatment, we will provide reduced fees determined by your income level.

Demographics:

Patient's Name: _____ DOB: ___/___/___ SSN: ___ - ___ - ___
Gender: Male [] Female [] Race: White [] Native American [] Hispanic [] African American [] Other []
Address: _____ City/State: _____ Zip: _____
Parent/Guardian Name: _____ Phone #: _____

Insurance Information: Does the patient have dental coverage by an Indian Health Service? [] yes [] No

Insurance Company _____ Group # _____
Address of Insurance Company: _____ Member ID # _____
Insured Person's Name: _____ Address: _____
Date of birth: ___/___/___ SS# ___ - ___ - ___ Contact phone # _____

*Important -Please bring your Insurance Card or copy of front / back sides of the insurance card - Thanks

Sooner Care Information:

Member's Name: _____ Member #: _____

Health Questions:

Medical Conditions: Artificial (joints/heart/stents) _____ Asthma / Breathing problems _____
Bleeding/Bruising _____ Cancer _____ Diabetes _____ Heart Disease/High Bp. _____ Hepatitis/HIV _____
Pregnant _____ Rheumatic fever _____ Psychiatry _____ Other _____
List medications / Doses / Supplements: _____
Any allergies/reactions to medications: _____
Smoking/Tobacco use: Y__N__ How: _____ Alcohol/Drug use: _____
Family History Diseases _____ Required premedication: _____
Any medical conditions not listed: _____

Notes: _____

Permission to Treat: (Must be checked)

[] I give The Health and Wellness Center Mobile Dental Clinic permission to examine or treat dental disease.

Parent /Guardian Signature _____

Date _____

Please list name of adult bringing patient to dental clinic below:

Center Director/Principal _____

Family Service Worker/Aide _____

Teacher _____