Preventative Dental Service for School Year 2018-2019
Coming To Your School!
Provided by Tooth Protectors Inc.
P.O. Box 314 Lewiston, Maine 04243 Office (207) 513-1111
www.ToothProtectors.org

RETURN to SCHOOL by: 12/3/18  Dental Clinic Date(s) at the School: 12/14 & 12/17/18

**WHO IS TOOTH PROTECTORS INC. (TPI)?** We bring the dental office to your child's school!
Tooth Protectors Inc. (TPI) offers preventative dental services 2 times during the school year at your child's school. Preventative dental services provided include **oral assessments, educational oral hygiene instruction, dental cleanings, fluoride treatments, sealants of baby and adult molars and pre molars, temporary fillings and referrals.** We are a team of licensed, registered, public health dental hygienists who travel throughout Maine with portable dental equipment. On the dental clinic date above, we will have the dental clinic set up at your child's school and students will be seen during school hours.

We are dedicated to dental education as a means of prevention!

**WHO CAN PARTICIPATE and HOW?**
**WHO:** Any child, sibling, parent, school staff who wants to received preventative dental care, who does not have a dentist they regularly see every 6 months.

**HOW: There are Three (3) Payment options to participate with this program if your child has:**
1. **MaineCare Insurance** – Fill out the permission form completely, sign and return to the school before the return to date
2. **Other Dental Insurance** – Fill out the form completely, sign and include your insurance information. Please send a copy of your insurance card front & back – attach to this permission form or take a picture of your card on your phone and either
   **FAX:** (207) 513-1197, **EMAIL:** info@ToothProtectors.org, **TEXT:** (207) 689-7900 to TPI Office.
3. **Self-Pay -No Dental Insurance/ Underinsured**- you can take advantage of our affordable rates (listed on the permission form). – **Complete and sign the permission form. Select the dental services you would like your child to receive and attach the payment to the permission form.** The permission form and payment needs to be returned to your child’s school before “Return Date” above. Incomplete permission forms or missing payments will result in your child not being seen.

**HOW:** Fill out the PERMISSION FORM COMPLETELY & SIGN. The Completed Permission form needs to be returned to your child’s school BEFORE the Return Date Above.

**HOW DO I KNOW WHAT SERVICES MY CHILD NEEDS?**
TPI provides two (2) different types of services 1 & 2 below.

1. **Full Cleaning, Review, Fluoride Treatment & Sealants:** Only if your child has **NOT HAD a CLEANING within the past 6 MONTHS.** By choosing this service, your child **WILL receive an Assessment of Needs, Full Cleaning, Flossing, Fluoride Treatment, Sealants if needed and Review of Proper Brushing and Flossing.** Your child **WILL NOT be DUE for a Cleaning again for 6 MONTHS.**

2. **Review:** Please select if your child **HAS RECEIVED a cleaning within the last 6 Months.** By choosing this service, your child **WILL receive an educational Review of Proper Brushing, Flossing, and Fluoride Treatment (Sealants may be provided to those with insurance who do not have a regular dental provider) This is NOT A CLEANING.**

**WHAT ARE SEALANTS?**
Sealants are thin tooth protectors that are painted in the grooves of healthy teeth to help protect them and prevent cavities.

**HOW WILL I KNOW IF MY CHILD WAS SEEN AT SCHOOL AND/OR NEEDS FURTHER TREATMENT?**
A Form will be sent home with your child after their dental appointment. It will list what was done, recommendations and any obvious concerns. A list of dentists is on the back side of this form. It is your responsibility to make an appointment for your child. Please REMEMBER TO BRING THE TAKE HOME FORM WITH YOU TO YOUR CHILD'S APPOINTMENT, THIS IS A REFERRAL AND THE OFFICE WILL NEED THIS INFORMATION.

By signing up your child, you are giving TPI permission to provide services two (2) times during the current school year (if your child's school offers two per school year). The second dental clinic will be approximately 6 months from the first clinic date(s). You will receive a reminder from the school or TPI PRIOR to the next dental clinic. You are able to remove or add your child for the next clinic or update their information etc. just by contacting either the TPI Office (207) 513-1111 or your child's school.
Tooth Protectors Inc.
School Dental Hygiene Program Permission Form 2018-2019 School Year
Patient Consent & Medical/Dental History
P.O. Box 314 Lewiston, Maine 04243 Office (207) 513-1111 ToothProtectors.org

THIS FORM PROVIDES PERMISSION FOR YOUR CHILD TO BE SEEN TWO TIMES DURING THIS 2018-2019 SCHOOL YEAR FOR DENTAL CARE. PLEASE FILL OUT ONE FORM PER CHILD

GENERAL INFORMATION: School Name: Sanford High/Pre-K Teacher/Grade: 
Child's Full Name: __________________________ Date of Birth: ______/____/______ Male / Female
Mailing Address: _______________________________________________ Town: __________________ Zip Code: __________
Home Phone: ___________________________ Cell: __________________________ Email: __________________________

DENTAL SERVICES: Must Choose 1 Service Below

___ Full Dental Cleaning, Review, Fluoride & Sealants (if recommended) – Only if your child has not had a cleaning within the past 6 months.
___ Review – Educational Review of proper brushing, flossing & fluoride treatment (sealants placed on those with insurance) This is NOT a Dental Cleaning

Dental Services you DO NOT want your child to receive from Tooth Protectors Inc: ______ Fluoride ______ Sealants ______ Other

PAYMENT METHOD: Must Choose 1 Form of Payment Below

Accepted Payment Options: MaineCare, most dental insurance, Cash, Check, Money Order, and Credit Cards – note there is a $3.00 service fee

Accepted insurance is subject to change without notice – We currently DO NOT accept: Delta Dental, Harvard Pilgrim, Humana

_____ MAINECARE INSURANCE- ID # for Child: ______________________

_____ DENTAL INSURANCE- Ins. Company Name: __________________________ Policy Holders Full Name: __________________________ DOB: __________

Group # ______________________ Policy/Subscriber ID or: __________ Social Security # __________

Payer ID: __________________________ Dental Ins. Phone #: __________________________

Please SEND A COPY OF YOUR INSURANCE CARD front & back – attach to this permission form or take a picture of your card on your phone and either
FAX: (207) 513-1197, EMAIL: info@ToothProtectors.org, TEXT: (207) 689-7900

___ SELF PAY PAYMENT METHOD: [ ] Check # ________ [ ] Cash [ ] Money Order [ ] Credit Card

✓ ATTACH Cash, Check, or Money Order, in the exact amount to this COMPLETED permission form and return form & payment to your child’s School
✓ Please make Check/MO payable to: TPI or Tooth Protectors Inc. - There will be a $25.00 fee for insufficient funds
✓ Please make out a Separate Check for Each Child being seen & write your child’s Full Name in the Memo Line of your check
✓ To pay by Credit Card, call our office at 207-513-1111 to make payment and return this COMPLETED permission form to the School

Services I want my child to receive: (Check the services from left to right. Then add up & total to the right)

☐ My child is age 12 or Under, for ☐ $55.00 - Full dental cleaning, Review ☐ Fluoride treatment $15.00 ☐ Sealants $20.00 per tooth TOTAL: $_____

☐ My child is age 13 or Older, for ☐ $65.00 - Full dental cleaning, Review ☐ Fluoride treatment $15.00 ☐ Sealants $20.00 per tooth TOTAL: $_____

MEDICAL/DENTAL HISTORY: Has your child ever needed Antibiotics for dental treatment? Y N if yes, please take the same precautions prior to treatment

Please list dental concerns you may have: __________________________ List any Medical Conditions/Allergies your child has: __________________________

List ALL Medications: __________________________ Physicians Name: __________________________

- Has your child ever seen a Dentist? Y N Does your child take prescription Fluoride Supplements? Y N Do you have Town/City Drinking Water? Y N
- Has he/she had a cleaning in the past 6 months? Y N If yes, was it at school? Y N Patient was last seen (month & year): __________________________
- Guiltiest last seen (by NOT last seen at school): __________________________ Services received during Last Visit: Cleaning—Fluoride—Sealant—Fillings—Exam—X-Ray Other: __________________________

Give permission for my child to receive dental hygiene services TWO (2) TIMES DURING THIS SCHOOL YEAR: (If my child’s school is able to offer it two times this school year.) I understand that I will receive a reminder of the 2nd dental clinic date from the school and/or TPI and that my child will be automatically added to the dental clinic list to be seen. It is my responsibility to notify either TPI (207) 513-1111 or my child’s school prior to the 2nd dental clinic spring date to make any changes regarding my child’s dental/medical history or removing them from the spring dental clinic list. I understand that the services provided today do not take the place of a complete dental exam by a dentist. However, dental services are being provided by a registered, licensed dental hygienist with public Health Status (PHS) associated with Tooth Protectors Inc. (TPI), at school, during school hours. I have entered my child’s information on this permission/consent form accurately and truthfully and understand that it is my responsibility to report/remember my child’s date of dental service. I am also responsible to report this date when needed for recall/future dental treatment and cannot hold TPI responsible if the information is not accurate/truthful on this form regarding current and/or previous treatment/appointments with other dental office locations. I agree to notify my child’s school and/or TPI at (207) 513-1111 of ANY changes to my child’s medical/dental history or of a dental home. I give permission for TPI to release patient and dental service information to benefit my child. I understand that services provided do not take the place of a complete exam by a dentist. I understand that TPI is HIPAA compliant and all records are kept confidential and that claims to insurance (if applies to your child) will go through TPI per electronic transfer or mail. Services not paid for by my insurance are my responsibility. I understand that if I have listed insurance information for my child & he/she does NOT have ental coverage at the time services are provided, and/or received the same services by another dental provider within 6 months and I did not divulge this above, then I assume all responsibility for payment if services received and understand that I will receive a bill from Tooth Protectors Inc.

Parent/Guardian Signature: ___________________________________ Parent/Guardian Printed Name: __________________________ Date: __________

TPI School Permission Form 2018-2019 UPDATED 4/5/18