Douglas County Dental Clinic

Friendly Smiles BGC 2019

Dental Program Consent Form

The Douglas County Dental Clinic's Friendly Smiles Program will be providing mobile dental care including sealants, fluoride, cleanings. **There is no out-of-pocket cost to you** for this service however, insurance (if applicable) will be billed. Your child is eligible if they have Kancare/Medicaid, qualify for the free/reduced lunch or have commercial insurance. If uninsured, you must qualify for the free/reduced lunch.

Patient (Child) Information:

____________________ ____________________ ____________________

(Legal First Name) (Middle Name) (Last Name)

Date of Birth: ________________ Age: __________ SSN (last 4 digits): __________ Gender: ☐ male ☐ female

Boys & Girls Club Location: __________________________ School Name 2019-2020: ________________

Parent/Guardian Information:

Parent Name: ____ Date of Birth: _______________________

Parent Name: ____ Date of Birth: _______________________

Primary Address: __________________________ City: _______________ State: _______ Zip: __________

Phone: __________________________________ Email: ____

☐ **Does your child qualify for the Free/Reduced Lunch Program at school?** ☐ **Yes** ☐ **No**

☐ **KanCare/Medicaid # 001____________________,** **(circle provider) Aetna / United HealthCare / Sunflower**

☐ **No Dental Insurance**

☐ **Private Dental Insurance (must complete the following if there is private insurance):**

Carrier______________________________ Policy #_____________________ Group #_______________

Policy Holder Name___________________________________ Policy Holder DOB____________________

Policy Holder 9-digit SSN_____________________________ Employer______________________________

Mailing Address for claims (found on back of card) ____

Phone Number for Claims (found on back of card) ____

*****THIS IS A 2-SIDED FORM – Did you complete the other side? →**

2210 Yale Rd. Lawrence, KS 66049

Phone: 785-312-7770 ext. 206 / Fax: 785-312-9447

Website: www.dcdclinic.org ● Email: outreach@dcdclinic.org

PATIENT (CHILD) MEDICAL HISTORY

Check all that apply: □ HIV / Aids □ Blood Disorder

□ Artificial Heart Valve □ Artificial Joints/Pins/Screws □ Asthma □ Congenital Heart Disorder

□ Diabetes □ Heart Disease □ Hepatitis □ Seizure Disorder

□ Heart Murmur □ ADD/ADHD □ Autism □ Anemia

□ Other medical conditions or special health care needs: ____

____

Any known allergies: □ Latex □ Amoxicillin/Penicillin □ Other ________________________________

Medications
Please list all current medications: ____
____

Is your child required by a physician to take pre-medication (antibiotics) prior to dental treatment? __________
If yes, for what condition? ____

Name of previous dentist: ____

You understand Douglas County Dental Clinic will be your child's dental care provider? ☐ **Yes** ☐ **No**
(If you do not want us to be your child's dental provider, DO NOT COMPLETE this form)

When did your child last visit a dentist?
□ 6 months ago □ In the past year □ More than a year ago □ Never

Please tell us anything we should know about previous dental experiences that would help us better treat your child: ____

____

DCDC's dental outreach team will provide on-site dental care to your child while they are at their designated summer program. If there are services (listed below) that you **do not wish** for us to perform, please indicate here:
____

I am the parent or legal guardian/custodian and give my consent for the above named child to receive any dental treatment considered necessary by the hygienist for the prevention of dental disease. This includes cleanings, fluoride varnish, silver diamine fluoride, dental sealants. I understand that all patient information is protected and will only be exchanged with staff employed by the Douglas County Dental Clinic (DCDC) and the school. The above information is true to the best of my knowledge. I authorize DCDC to release the information necessary to process insurance claims and authorize payment directly to DCDC.

Parent/Guardian Signature ____ **Date** __________________

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