



THE DENTIST IS COMING TO SCHOOL!

Get in-school dental care at **NO COST*** to you.

*For patients covered by Florida Medicaid, Florida KidCare or Florida Healthy Kids

Sign Up Online!
www.MySchoolDentist.com

Scan the code with your phone.



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. A dental report card will be sent home with your child. Permission 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 ()	

IMPORTANT HEALTH QUESTION

DOES YOUR CHILD HAVE ANY PAST OR PRESENT MEDICAL CONDITIONS, DISABILITIES, BEHAVIOR OR OTHER PROBLEMS? PLEASE CHECK EACH CONDITION THAT APPLIES TO YOUR CHILD AND EXPLAIN IN THE SPACE PROVIDED. ATTACH ADDITIONAL INFORMATION TO THIS FORM AS NEEDED. IF NO CONDITIONS APPLY, LEAVE BLANK.

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|--|---|---|---|---|
| <input type="checkbox"/> Active contagious diseases (including COVID-19) | <input type="checkbox"/> Allergies-foods/seasonal | <input type="checkbox"/> Bleeding disorders | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies-medications | <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Behavior problems | <input type="checkbox"/> Dental problems | <input type="checkbox"/> Immune disorders | <input type="checkbox"/> Seizures |
| Explain _____ | | | | |

List current medications and/or dental concerns: _____

IF CHILD HAS FLORIDA MEDICAID, FLORIDA KIDCARE OR FLORIDA HEALTHY KIDS

Circle one of the following: DentaQuest, Liberty, MCNA

Enter Child's ID Number HERE: →

OR Child's Social Security # (if available)

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PRIVATE DENTAL INSURANCE

Group #	Ins. Company Name (not Medicaid)	Ins. Phone
Insured Adult Name	Employer Name	Co. Phone
Member ID/Policy #		Insured Adult Birthdate
		Insured Adult SS#

If your child sees a dentist regularly, and you want to continue care with that dentist please do so.

READ & SIGN BELOW

I understand and authorize Big Smiles Florida, P.A. (Provider), its affiliated dentists or dental hygienists, to provide dental services at school to the above named child for whom I am the custodial parent or legal guardian, including an exam, cleaning, fluoride, sealants, x-rays and the application of Silver Diamine Fluoride as needed. (The use of Silver Diamine Fluoride may discolor any cavities to a brown or black color. SEE BACK FOR DETAILS.) I understand that, at any time, I may choose for my child to receive care from their dental home rather than from Big Smiles Florida, P.A. I have read the IMPORTANT HEALTH QUESTION above and will report any significant changes in my child's health to 855-481-8639. I have read the IMPORTANT NOTICE AND CONSENT ON THE BACK OF THIS FORM and understand and agree to its terms.

SIGN & DATE HERE

This consent authorizes the initial and future dental visits.

DATE

For your privacy, please fold & secure.

QUESTIONS: 855-481-8639 FAX: 888-330-4331 Visit us at BigSmilesDental.com

Noah Levi, DDS, Dental Director
122 W. Pine St., Suite 300, Orlando, FL 32801
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