



PORTABLE SMILES MOBILE

Portable Smiles Mobile is coming to: **WESTON TECHNICAL ACADEMY**

October 29TH AND 30TH 9-2pm

"NO COST TO YOU"

*** PLEASE DON'T FORGET TO COMPLETE AND SIGN FORM ***

DENTAL CONSENT AND HEALTH HISTORY

The Mobile Dentistry program includes full exam x-rays if needed, cleaning, fluoride and sealants if needed. All further treatment will receive an official referral.

FULL NAME: _____

Age: _____

DOB: _____

SEX: _____

ADDRESS: _____

CITY: _____

ZIP: _____

Phone Number: _____

Medicaid/or any other insurance): _____

MEDICAL HISTORY:

Please Circle if patient has had any of the following:

Rheumatic Fever Heart Disease Asthma Epilepsy Diabetes

Hepatitis Heart Murmur Latex Allergies

Other (or please list any conditions/allergies): _____

I am or the authorized person to receive the dental treatment described. I authorize myself, or child, for Portable Smiles Mobile to have access to dental records and findings. I authorize Portable Smiles Mobile to bill on my behalf, and to use Medicaid (or other insurance)/Delta Dental insurance information for billing purposes. By signing this document, the patient, parent, authorized representative and/or guardian acknowledges that they understand that treatment may be obtaining duplicate services at a mobile dental facility may affect benefits that he or she receives from private insurance, a state or federal program, or other third-party provider of dental benefits. * Patient will be seen again in our 6-month follow-up service *

PARENT/PATIENT'S SIGNATURE: _____

Date: _____

