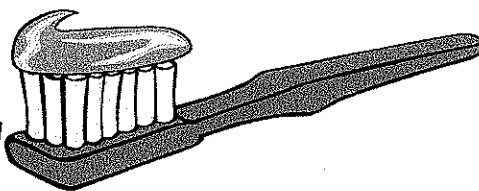


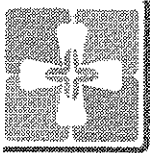
MICHIGAN HEALTHY SMILE

WHAT WE DO:



- **ORAL HYGIENE INSTRUCTIONS**
- **X-RAYS**
- **COMPREHENSIVE ORAL EXAM**
- **PROPHYLAXIS (DENTAL CLEANING)**
- **FLUORIDE TREATMENT**
- **SEALANTS**
- **FREE TOOTHBRUSH AND TOOTHPASTE!**





Michigan Healthy Smile

5728 Schaefer Rd Suite 203 Dearborn, 48126

Taking care of your child's teeth is important to keep them healthy. A state licensed dentist will regularly check your child's mouth and teeth as well as provide cleaning, x-rays as necessary, fluoride treatment and apply sealants, as needed. Additional care, such as fillings may also be provided. A dental report card will be sent home with your child. Includes initial dental care and follow-up visits.
SIGN AND RETURN TO YOUR SCHOOL TODAY

Tell Us About Your Child

Name		Date Of Birth		<input type="checkbox"/> Female	<input type="checkbox"/> Male
Address		City	Country	Zip Code	
School	County	Teacher	Room#	Grade	
Parent/Gurdian Name		Child's Social Security Number _____			
Email		Phone	ALT. Phone		

Insurance Information

Child has Medicaid And Michild

Enter child's 10 digit
MEDICAID RECIPIENT ID # HERE

Child has PRIVATE DENTAL INSURANCE

INS. COMPANY NAME _____ INS. PHONE _____
 GROUP # _____ EMPLOYER NAME _____ COMPANY PHONE _____
 NAME OF INSURED ADULT _____ DATE OF BIRTH OF INSURED ADULT _____
 MEMBER ID/POLICY # _____
 SOCIAL SECURITY# OF INSURED ADULT _____

Child Is Not Insured will (Still be seen free of charge)

Child's Medical History

- CHECK EACH CONDITION THAT APPLIES TO YOUR CHILD
- | | |
|--|---|
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Epilepsy/seizures |
| <input type="checkbox"/> Latex Allergy | <input type="checkbox"/> Liver problems/Hepatitis |
| <input type="checkbox"/> Allergy to medication | <input type="checkbox"/> kidneyProblems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Behavioral problems | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Communicable Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> CHECK IF ANTIBIOTIC
PRE- MEDICATION
REQUIRED |
| <input type="checkbox"/> Hemophilia/bleeding problem | |
| <input type="checkbox"/> Sickle cell Anemia | |
| <input type="checkbox"/> Anemia/fainting | |
| <input type="checkbox"/> Other | |

Notify us of any medical history changes. A thorough and complete medical and dental history are important for a proper dental examination and evaluation

List Allergies _____
Name/phone# of Child's physician _____
Use space below to provide additional details on your child's health, including current medical treatment, other significant past illnesses, alcohol & tobacco use. List current medications. Attached another page as needed.

Read & Sign

I understand that treatment may be obtained at the patient's dental home rather than by Michigan Healthy Smile. Obtaining duplicate services may affect benefits that the patient receives from private insurance, a state or federal program, or third-party provider of dental benefits. I understand and authorize Michigan Healthy Smile dentists or dental hygienists to provide the following services on my child at school which includes exam, cleaning, fluoride, sealants and x-rays as needed, as well as to perform any other dental work as needed. Including fillings, extractions of infected baby teeth, placement of space maintainers, numbing the mouth and teeth.

Sign _____ Date _____ Print Name _____

This consent authorizes the initial and future dental visits

