

# Miles of Smiles Mobile Dental Clinic

252-241-4492

Carteret County Health Department \* 3820-A Bridges Street, Morehead City, NC 28557

The Miles of Smiles Mobile Dental Clinic will be moving to your child's school soon. We are a full service dental practice offering preventive and restorative dental treatment. To be eligible for this service your child needs to be enrolled in Medicaid or NC Health Choice Insurances. We see children during the school day and send home information on any treatment done. If your child qualifies and you would like to take advantage of this child-friendly dental clinic, please complete the information below and return the next school day!

Patient Name: _____ Date of Birth: _____ Sex: _____ Race: _____ School: _____ Teacher: _____ Grade: _____ Medicaid ID #: _____ or NC Health Choice ID #: _____	Parent/Guardian Name: _____ Address: _____ _____ Phone Number: _____ Emergency Contact Name: _____ Relationship & Phone #: _____
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Does your child have other DENTAL Insurance? If yes, please list: \_\_\_\_\_

Does your child have another Dentist/Pedodontist they see regularly? \_\_\_\_\_

Child's Medical Doctor: \_\_\_\_\_

Child's Medications: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Child's Past Surgeries: \_\_\_\_\_

AIDS/HIV Positive	Yes	No	In the past	Heart Problems/Murmur	Yes	No	In the past
Allergies/Hives	Yes	No	In the past	Hepatitis B	Yes	No	In the past
Anemia	Yes	No	In the past	High Blood Pressure	Yes	No	In the past
Asthma	Yes	No	In the past	Jaw Pain	Yes	No	In the past
Autistic	Yes	No	In the past	Kidney Problems	Yes	No	In the past
Bipolar	Yes	No	In the past	Liver Disease	Yes	No	In the past
Bleeding Disorder	Yes	No	In the past	Negative Dental Experience	Yes	No	In the past
Brain Injury	Yes	No	In the past	Nervousness	Yes	No	In the past
Cold Sores	Yes	No	In the past	Seizures	Yes	No	In the past
Diabetes	Yes	No	In the past	Sinus Problems	Yes	No	In the past
Fear of Needles	Yes	No	In the past	Ulcers	Yes	No	In the past

Explanations if needed: \_\_\_\_\_

Does your child have any disease or condition that is NOT listed above? \_\_\_\_\_

The Carteret County Health Department's Notice of Privacy Practices is available upon request or can be picked up at the "Miles of Smiles Mobile Dental Clinic" or at the Health Department. It is also available online at [www.carteretcountync.gov](http://www.carteretcountync.gov)

We use text messaging to remind/confirm appointments with our clinic: OPT IN TO TEXT MESSAGING?

YES or NO Phone # \_\_\_\_\_ Initials \_\_\_\_\_

\*Your cellular provider may charge fees for texting.

**PARENT/GUARDIAN MUST READ AND SIGN THE OTHER SIDE OF THIS FORM**



# CONSENT FOR DENTAL TREATMENT

Miles of Smiles Mobile Dental Clinic

Carteret County

Telephone 252-241-4492

Please read form carefully. If there is anything you do not understand or have questions, please contact us at 252-241-4492.

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

I grant permission for my child/dependent to receive dental care at school from the *Miles of Smiles Mobile Dental Clinic*. I authorize the dentist to perform any indicated diagnostic procedures and/or dental treatment which he/she feels to be necessary in providing quality dental care for my child/dependent.

## DENTAL TREATMENT MAY INCLUDE:

- Examination – comprehensive oral examination by dentist to include cleaning, fluoride treatment and x-rays
- Sealants – material placed into grooves of the tooth to protect from cavities
- Fillings – white (composite) or silver (amalgam) material that is used to fill a tooth after the cavity (decay) is removed
- Extraction – tooth is removed when it has a very large cavity and cannot be restored with a filling
- Pulpotomy- when a tooth has a very large cavity that has reached the nerve of the tooth and requires a special nerve treatment
- Stainless Steel Crown – a silver crown that is placed over a tooth that cannot be filled due to large cavities between the teeth
- Nitrous Oxide – a mild sedative gas may be used to calm the child if needed
- SIX MONTHS FOLLOW UP - EXAM, CLEANING AND FLUORIDE

I understand that services provided for some dental conditions may be limited in scope and are intended to provide relief from pain, bleeding, swelling, infection or injury.

I understand that most services provided by the Miles of Smiles Mobile Dental Clinic are routine dental procedures that normally present little risk to the child. However, I have been advised that, as with any dental treatment, there are some risks of complications. These risks include, but are not limited to, the possibility of pain or discomfort, swelling, infection, bleeding, injury to surrounding teeth and soft tissues, the development of jaw joint (TMJ) disorders, temporary or permanent numbness and allergic reactions.

I understand that in some cases, it may be necessary to meet with the dentist before or after my child's/dependent's dental treatment. **I ACCEPT THESE TERMS FOR TREATMENT AND GIVE CONSENT FOR DENTAL CARE TO BE PROVIDED AT THE SCHOOL IN MY ABSENCE. I UNDERSTAND THAT THIS CONSENT FOR DENTAL TREATMENT WILL REMAIN IN EFFECT AS LONG AS MY CHILD/DEPENDANT IS ELIGIBLE FOR THE PROGRAM. SHOULD I WISH FOR MY CHILD/DEPENDANT TO NO LONGER RECEIVE DENTAL TREATMENT THROUGH THE MILES OF SMILES MOBILE DENTAL CLINIC, I WILL NOTIFY A MEMBER OF THE DENTAL CLINIC STAFF IN WRITING.**

I acknowledge that I have read and understand this Consent form, that I have been given an opportunity to ask any questions I may have and that all questions have been answered to my satisfaction. I also acknowledge that I am the legal responsible adult for the above-named child.

**PARENT/GUARDIAN SIGNATURE IS REQUIRED FOR TREATMENT**

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Signature of Parent/Guardian Consenting to Treatment	Relationship to patient	Date
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