PERMISSION SLIP: Please return to school within 1 day

www.bigsmilesdental.org

Healthy Smiles Happen at School!

Children should see a dentist regularly to stay healthy and avoid dental problems that impact learning. Students can receive dental care at school now and we encourage your child to do so if they do not currently have a dentist.

This service is **FREE** to you for children covered by Medi-Cal, BIC or Healthy Families (Medicaid). In addition, most dental insurances are accepted. No cost resources are available for the uninsured as well. Services are invoiced directly to Medi-Cal, Healthy Families or dental insurance. Please contact us with questions at **(877) 227-9891.**

PLEASE PRINT CLEARLY IN INK. SIGNATURE REQUIRED AT " ✔ SIGN HERE" BELOW.

School:______________________________ District:______________________

Your Name:______________________________ Relation to Student:______________________

Student Name:______________________________ Student Date-of-birth:____/______/_____
Mo Day Yr

Grade:__________________ Track: __________________

Phone: (____)______________ 2nd Phone: (____)______________ email:______________________

Address:______________________________ City:______________________ Zip:__________

Check one: _____ Child has Medi-Cal ___Child has Private Insurance ___Child is uninsured

ENTER CHILD'S 14-DIGIT MEDI-CAL # (Medi-Cal, BIC, Healthy Families**) # BELOW**

➡ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ⬅

Health History (Circle "Yes" or "No" or List). Please notify us of any medical history changes.

Asthma	YES	NO
Rheumatic Fever	YES	NO
Heart Problems	YES	NO
Diabetes	YES	NO
HIV or AIDS	YES	NO
Liver Problems	YES	NO
Kidney Problems	YES	NO
Sickle Cell	YES	NO

Latex Allergy	YES	NO
Tuberculosis	YES	NO
Hepatitis	YES	NO
Possibly Pregnant	YES	NO
Epilepsy/Seizures	YES	NO
Emotional Disorder	YES	NO
Hemophilia	YES	NO
Lung Disease	YES	NO

Surgeries	
Medications	
Allergies	
Other conditions	

I authorize Dr. Elliot Schlang DDS, PC affiliated dentists to provide all dental care which may include: dental exams, x-rays, cleanings, fluoride, sealants, any needed fillings and crowns, baby teeth root canals and simple extractions of baby teeth at school without my presence unless I withdraw this consent. On behalf of myself and/or the patient, I authorize and direct Dr. Elliot Schlang DDS, to bill and collect payment from any Medicaid, insurance or other third party payer that covers the services provided to this patient, which shall be applied to the patient's benefits. If there will be a cost to me, then I will be called first to approve or decline.

✔ ***SIGN HERE:***______________________________ Date:______________________