Healthy Smiles
Plumas County Public Health Agency
270 County Hospital Road, Suite 206
Quincy, California 95971
Phone: 800-801-6330, 283-6337

ORAL HEALTH PROGRAM - PRESCHOOL

Dear Parent/Guardian,

With your permission, your child may receive a visual screening and fluoride varnish at NO COST to you! We work with licensed dental and medical professionals from our area who screen your child's teeth and apply the fluoride varnish. The value of this free service is $50.00 per fluoride varnish application.

Please read the attached fluoride varnish information sheet
***This service does not take the place of regular dental examinations at a dental office, and is meant to provide only prevention dental services.**

Name of Child_____ Date of Birth_____

Mail Address_____ Home Phone_____

Email Address_____ Day Phone_____

☐ **Yes.** I want my child to have a visual teeth screening AND fluoride varnish. (You may also opt for a visual screening ONLY, with No fluoride varnish) Please just indicate

☐ **No.** I do not want my child to receive this service.

Child's Regular Dentist _____, or no regular dentist ☐

NO PAYMENT IS REQUIRED from you for this service. For program information purposes, please check the insurance you have. Billing Medi-Cal helps cover the cost of our program.

☐ **Medi-Cal:** **Child's Medi-Cal Number**_____
☐ **Healthy Families:**
☐ **Other Insurance:**
☐ **No Dental Insurance**

I give permission for my child to receive dental services at school through Healthy Smiles and its affiliates. I understand that Healthy Smiles is HIPPA compliant and all records are kept confidential, and I authorize the gathering and sharing of information between Healthy Smiles, my child's dentist, and insurance. I have read, and understand both sides of this form:

Signature of Parent/Guardian:_____ Date_____

Parent/Guardian's Name (Please Print)**:**_____

School:
Date:

Child's Ethnicity **(Check all that apply)** ☐ White ☐ Black/African American ☐ Asian ☐ Hispanic ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Pacific Islander ☐ Other

☐ Male ☐ Female **Home Language:** ☐ English ☐ Spanish ☐ Other _____

☐ Yes. Photograph Release: I grant permission to the Healthy Smiles/Plumas County Public Health Agency to use my child's photograph in any official outreach publications and displays without compensation to me or my child.

MEDICAL HISTORY

Describe any Special Health Care Needs or Medication _____

Respond to each question by checking the yes or no box.	**YES**	**NO**	**Notes/Explain**
1. Have you or your child had cavities in the last year?	☐	☐	
2. Has your child visited the dentist in the past six months?	☐	☐	
3. Is your child taking medications? If yes, what medications?	☐	☐	
4. Does your child have allergies? If yes, to what?	☐	☐	
5. Does your child need to take antibiotics before having dental care because of health problems. If yes, explain.	☐	☐	
6. Does your child have any problems requiring special dental services?	☐	☐	
7. Please put an (x) if your child has ever had any of the following: ☐ Hepatitis ☐ Rheumatic Fever ☐ Heart Murmur ☐ Epilepsy ☐ Asthma ☐ Seizures/convulsions			

DDS/RDH_____ **For Office Use Only** **ID_____**

I. Screening

DATE_____

D = Decay **F** = Filled **M** = Missing
S =Sealant Present **PS** = Prescribe Sealant **RS** = Recommend Reseal

Tooth #	1	2	3	4 - A	5 - B	6 - C	7 – D	8 - E	9 - F	10 - G	11 - H	12 - I	13 – J	14	15	16
Code																
Tooth #	32	31	30	29 - T	28 - S	27 - R	26 - Q	25 - P	24 - O	23 - N	22 -M	21 - L	20 - K	19	18	17
Code																

Comments: ☐ No Decay ☐ Early Decay ☐ Moderate Decay ☐ Urgent Decay

II. Fluoride

Fluoride Treatment Received	0 = None 1 = Varnish Date_____	**Fluoride** Treatment Received	0 = None 1 = Varnish Date_____
Fluoride Applied By:		Fluoride Applied By:	

Fluoride Treatment Received	0 = None 1 = Varnish Date_____	**Fluoride** Treatment Received	0 = None 1 = Varnish Date_____
Fluoride Applied By:		Fluoride Applied By:	

Restorative Date:_____	0 = N/A 1 = Yes 2 = No 3 = Unknown	Referral to: Date_____	☐ **FR Center** ☐ **Medi-Cal** ☐ **CHDP** ☐ **H. Families**

Comments:

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