



School Name: _____

Teacher: _____ Grade: _____

Printed Child's Name: _____

Date of Birth: ____ / ____ / ____ Age: ____ Sex: ____

Parent/Guardian Name: _____ Phone: _____

Mailing Address: _____ Address _____ City _____ State _____ Zip _____

Insurance Information: If yes please write the child's Member ID

Medicaid/MCNA Yes # _____

Private Insurance Yes # _____

Uninsured Yes

Does your child have a dental home? Yes / No

We will see your child regardless of their insurance status!!!

Have Questions?

Please feel free to reach out to our office whether that be by phone or email.

Orders@trphd.ne.gov

888.669.7154

SERVICES WE PROVIDE

We provide oral screenings, Fluoride Varnish, and Sealants.

WHAT IS FLUORIDE VARNISH

Fluoride varnish can be applied 4-6 times per year and can decrease cavity development by about 38%. Fluoride varnish is approved by the American Dental Association and the Federal Drug Administration Fluoride varnish is safe.

WHAT ARE SEALANTS

Sealants protect chewing surfaces from cavities by covering the back upper and lower teeth with a protective thin coating that blocks out germs and food.

Services

Fluoride Varnish Yes / No

Sealants Yes / No

Oral Screenings ONLY

A donation is helpful in order to provide this as an ongoing service. A \$15 donation is suggested, but any monetary donation is appreciated. No child will be turned away. Cash, Check (payable to TRPHD), or PayPal are all accepted.



Notice of Privacy Practices: By my signature, I acknowledge that I understand the Notice of Privacy Practices of Two Rivers Public Health Department's LifeSmiles Dental Health Program is available on-site when LifeSmiles Services are provided to program participants. I have had full opportunity to read and consider the contents of the Notice of Privacy Practices. I understand that by signing this Consent, I am giving Two Rivers Public Health Department's LifeSmiles permission to use and disclose my or my ward's protected health information to carry out dental care services, dental care referral

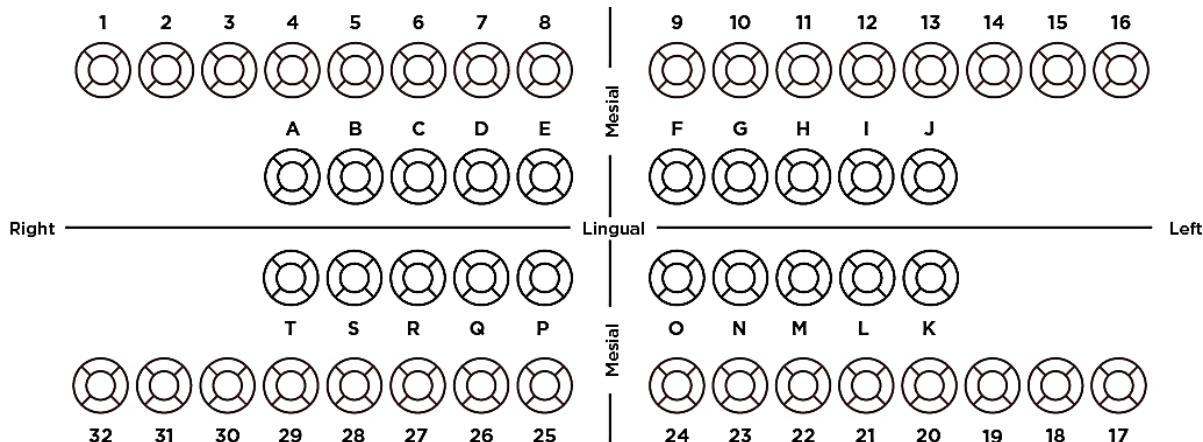
Signature of Parent/Guardian

Date

Patient Name:

Hygienist/Assistant Name:

Initial Visit Date:



Screening Results:

- No Obvious Problems
- Dental Care recommended
- Urgent Care Referral

Preventative Services:

- Screening
- FL Varnish
- Sealants
- OHI/Education

OHI Health:

- 1 2 3 4 5

Follow-Up Note Sent Home?

- Yes No

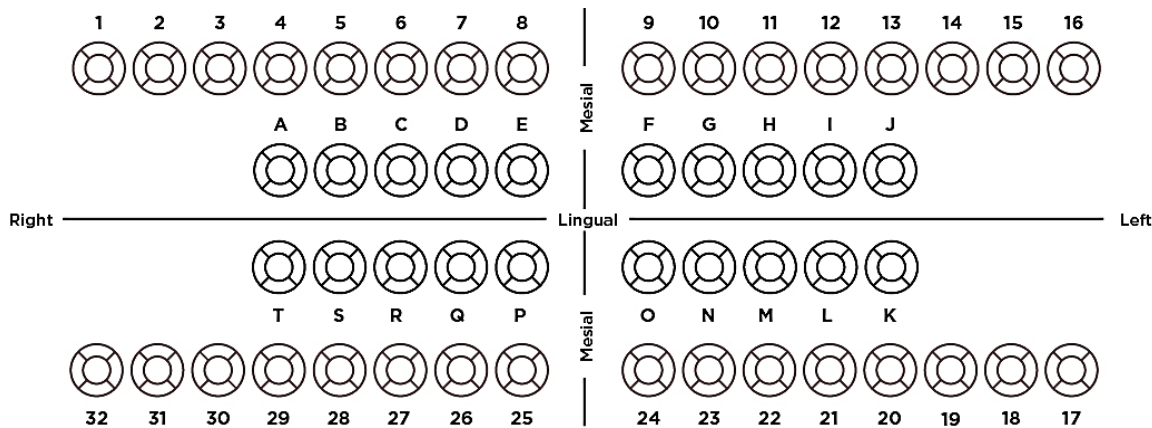
Tooth Conditions/ Existing Restorations:

Behavior: 1 2 3 4

Comments:

Hygienist/Assistant Name:

2nd Visit Date:



Screening Results:

- No Obvious Problems
- Dental Care recommended
- Urgent Care Referral

Preventative Services:

- Screening
- FL Varnish
- Sealants
- OHI/Education

OHI Health:

- 1 2 3 4 5

Follow-Up Note Sent Home?

- Yes No

Tooth Conditions/ Existing Restorations:

Behavior: 1 2 3 4

Comments: