

# SAN JUAN BASIN public health

Teacher \_\_\_\_\_

## San Juan Basin Public Health School Dental Program Consent for Services

### PATIENT INFORMATION:

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### SERVICES:

**I give consent for my child to receive the following dental services from San Juan Basin Public Health School Dental Program:**

- Dental Screening (free)     Oral Hygiene Education (free)     Sealant(s) as needed (free)  
 Fluoride Treatment (free)     Cleaning: \$40 (ages 6 & under) or \$50 (ages 7 & up) (We Bill Medicaid)

**PAYMENT:** (please check one)  Bill Medicaid **CO Medicaid Number:** \_\_\_\_\_

- Check **included:** \$ \_\_\_\_\_ (checks can be made out to: SJBPH)  
 Donation included: \$ \_\_\_\_\_ (any amount is appreciated; possible amount: \$10\_\_\$25\_\_\$50\_\_\$75\_\_ )

### HEALTH INFORMATION:

Does your child have any health concerns to consider before these services are provided (*heart problems, asthma, allergies- latex/food/other, current medications, other serious health problems*)? **Please list:**

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Has your child had a dental appointment in the last 12 months?  Yes  No

Free and Reduced lunch?  Yes  No

Is there any additional information about your child or comments you would like to mention before we provide services? **Please list:**

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A copy of San Juan Basin Public Health's Notice of Privacy Practices (HIPAA) is available from my child's school health office or at San Juan Basin Public Health, 281 Sawyer Drive, Durango, CO, 81303. By signing below, I indicate that I've been given opportunity to review a copy of this notice and consent for services.

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**Please Sign (Parent/Guardian)**

**Date**

*We will keep a record of your child's dental services so that we can provide good ongoing care. We will share our records with the Colorado Department of Public Health and Environment to track the services we provide, but will not share your name or your child's name.*