

**School-based Dental Program  
Consent for Services**

**PATIENT INFORMATION:**

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

Race/Ethnicity: \_\_\_\_\_ Language at Home: \_\_\_\_\_ Gender at Birth: M  F

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Contact: Call  Text  Email  Send home with child

**SERVICES:**

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

- Dental Screening (D0190)       Oral Hygiene Education (D1330)       Fluoride Treatment (D1206)  
 Cleaning (D1120, D1110)       Sealant(s) as needed (D1351, D1353)

Insurance Status: Medicaid  CHP+  Private Ins  Uninsured

Please note we see ALL children regardless of insurance status, but we only bill Medicaid & CHP+. If your child has Medicaid or CHP+ please provide the following information:

**CO Medicaid Number:** \_\_\_\_\_ **CO CHP+ Number:** \_\_\_\_\_

**HEALTH INFORMATION:**

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

**Please list:** \_\_\_\_\_

Has your child had a dental appointment in the last 12 months?  Yes  No Dentist: \_\_\_\_\_

What school and grade is your child in? \_\_\_\_\_

Does your child qualify for 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:** \_\_\_\_\_

A copy of San Juan Basin Public Health's Notice of Privacy Practices (HIPAA) has been provided to me. By signing below, I have indicated that I have been given opportunity to review a copy of this notice and consent for services.

\_\_\_\_\_  
**Please Sign (Parent/Guardian)**

\_\_\_\_\_  
**Date**

*We will keep a record of your child's dental services so that we can provide good ongoing care. If this is for a child, we will share our records with your child's school nurse for your child's school health records. In addition, we will share records with the Colorado Department of Public Health and Environment to track the services we provide.*