Servicing:
Halifax, Northampton, Warren,
Vance, and Granville counties.

RURAL HEALTH GROUP
healthcare that fits your family

MOBILE DENTAL UNIT

CONSENT FOR DENTAL SERVICES- MOBILE UNIT

Parent Guardian Contact Information:

Home Phone (_____) _____ Cell Phone (_____) _____ Can we text you? ☐ Yes ☐ No

Email: _____

Address: _____ City _____ Zip: _____

Child Information

I hereby give consent to my child, (name of child) _____, to have dental services on Rural Health Group's Mobile Dental Unit while at school without my presence.

Date of Birth: ____/____/_____ Gender: Male Female School Name_____

Race: Black or African American White or Caucasian Asian American Indian/Alaska Native Ethnicity: Hispanic non-Hispanic
Mexican American Indian Native Hawaiian or Pacific Islander Other: _____

Insurance Information:
(Check one and provider number if applicable):
Medicaid #: _____ No Dental Insurance Private Dental Insurance Name: _____
Policy/guarantor name and Date of Birth _____ Subscriber ID# _____
Insurance Phone Number: _____

Dental History:
Has your child seen a dentist in the past 12 months? Yes No
Does your child have a regular dentist? Yes No
If yes, please write the dentist or office name: _____
Is RHG Dental your child's regular dental care provider? Yes No
If no, would you like to make RHG dental your child's primary dental care provider? Yes No
When was your child's last dental exam and cleaning? Month/Year _____
If your child does <u>not</u> have a regular dentist, are they having any dental problems now? Yes No
If yes, explain: _____

Medical Information:
Current medications: _____
Allergies (medications, foods, etc.): _____
Child's physician: _____ Phone #: (_____) _____-_____

Circle any condition your child has now or ever had:
Heart Trouble Asthma Epilepsy/Seizures Hepatitis(A/B/C) Tuberculosis Aids/HIV Diabetes ADHD Cancer
Spina Bifida Joint Replacement Fainting/Dizziness Sickle Cell Disease Premature Birth Bleeding Disorder
If yes, provide details and/or other health problems: _____

CONSENT

I, the parent/guardian of the child listed above, give consent for my child to have treatment by the RHG Mobile Dental Unit. • Give permission to receive information from the school about my child's health history and permission to communicate with my child's physician about my child's health. • Acknowledge that this consent form remains in effect until it is revoked in writing via parent/guardian, adult, or emancipated student. • Agree that I will be responsible for all costs associated with said treatment and that I will provide any insurance information as requested • All costs and fees not covered by insurance will be my responsibility.

By signing this form, I consent to my child having access to any or all available services of Rural Health Group, Inc. Mobile Unit. Services include: Dental Evaluation, X-rays, Intraoral Photos, Cleanings, Fluoride Treatment, Oral Health Education, Sealants, Silver Diamine Fluoride (cavity arresting medication), Fillings, Extractions, and Emergency Dental Services. The information on the form is true and complete to the best of my knowledge. If I am an adult student 18 years old or older or legally emancipated, I consent to the above services by completing this form.

Parent/Legal Guardian Name and Date of Birth (Print): _____
Signature: _____ Date: _____

TURN OVER

EXPLANATION OF TREATMENTS

Dental Exams & Screenings

A thorough check of your child's teeth, gums, and mouth to look for cavities, gum disease, or other concerns. Early detection helps prevent bigger problems.

Cleanings & Preventive Care

Professional removal of plaque and tartar buildup that regular brushing can miss. Helps keep gums healthy and prevents cavities.

Fluoride Treatment

A mineral applied to teeth that strengthens enamel and helps prevent tooth decay. Quick, painless, and highly effective for children.

Sealants

A thin protective coating painted on the chewing surfaces of back teeth. Seals out food and bacteria to prevent cavities in hard-to-brush areas.

Silver Diamine Fluoride (SDF)

A liquid applied to cavities to stop decay from growing. Silver Diamine Fluoride (SDF) is a topical medication used to help arrest (stop or slow) the progression of dental caries (cavities) and reduce tooth sensitivity. SDF may be recommended as an alternative or interim treatment when traditional restorative treatment is not immediately possible, practical, or desired. Possible risks and side effects include: Permanent black staining of areas of active tooth decay treated with SDF and temporary staining of the skin, lips, or oral tissues, which typically resolves over time.

Dental X-Rays

Safe, low-radiation images that let the dentist see between teeth and below the gums to find hidden cavities, infections, or developmental issues.

Fillings

Repair for teeth damaged by cavities. The decayed area is removed and filled with a tooth-colored material to restore the tooth's shape and function.

Extractions

Removal of a tooth that is severely decayed, infected, or causing pain. Done with local anesthesia to keep your child comfortable.

Emergency Dental Services

Urgent care for dental injuries, severe toothaches, infections, or broken teeth that need immediate attention.

Oral Health Education

Teaching children proper brushing and flossing techniques, healthy eating habits, and the importance of regular dental care.

Each child will be sent home with a dental report card explaining treatment completed each day. If treatment is needed your child will be sent home with a dental treatment plan so that you are aware of treatment needed prior to completion.

NOTICE AND ACKNOWLEDGMENT OF PRIVACY PRACTICES

Available upon request and on our website www.rhgnc.com you will find a Notice of Privacy Practices that details the way we keep your child's medical record confidential, and what rights you have to access that medical record. You will also find a form listing Student and Parent Rights & Responsibilities. We are required by Federal Law to provide you with this information and we ask that you read the Notice of Privacy Practices and Rights & Responsibilities for both you and your child. Please call (252) 692-4289 and speak to our RHG Privacy Officer if you have any questions. Thank you for your cooperation in our effort to comply with this law.

Don't have insurance? Need help paying?

Applying for the Rural Health Group Sliding Fee Program:

If your child is uninsured or you have a high insurance deductible plan, we would like to help by determining if you would qualify for our "sliding fee" program. If you are interested to learn more, one of our case managers will reach out with more information.

Yes, I am interested in learning more about the sliding fee program. ☐

Have questions, comments, or want us to visit your child's school?

SCAN ME