



Advantage Dental Clinics, LLC
The Advantage Community

AUTHORIZATION FOR DENTAL HYGIENE SERVICES

Your child has the opportunity to receive a dental hygiene exam and fluoride varnish treatment at no cost to you. (We will attempt to get reimbursement from your insurance carrier whenever possible.) These services, if indicated, will be provided by Advantage Dental. If you want your child to receive these services, please answer the questions, sign, date and return.

School Name: _____

Child's Name: _____ Date of Birth: _____

Child's Dental Insurance: (if any) _____ Ins. Recipient/Patient ID:# _____

Parent / Legal Guardian: (please print) _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone #: Home: _____ Work: _____ Message: _____

Date of Last Dental Exam: _____ Prescription Fluoride: No Yes

Dentist Name: _____ Any current dental problems? _____

- 1) No Yes Does your Child have Asthma?
2) No Yes Does your Child have any serious Health Problems?
Yes, please explain _____
3) No Yes Does your Child have any allergies? Yes, please list
4) No Yes Has your Physician or Dentist ever recommended antibiotics before
having teeth cleaned? If yes, please explain _____

As the parent/guardian, I hereby give consent for my child to receive a dental hygiene examination and fluoride varnish treatment. I also give consent for exchange of information between Advantage Dental, a Head Start of Umatilla-Morrow, Insurance carrier and the Dentist of Record. This consent will remain in effect for _____ months. **By signing this form, I am also acknowledging that I have received a copy of Advantage Dental's Notice of Privacy Practices, and fluoride varnish fact sheet that is attached.**

Signature: _____ Date: _____
Parent/Legal Guardian

