DELTA DENTAL®

MOBILE PROGRAM

Patient Information and Permission Form

General information

Patient information

_____
Legal name (please print)

_____ _____/_____/_____
Age Birth date (mm/dd/yyyy)

Sex ❑ Male ❑ Female

_____ _____
School attending Grade

Race
❑ White ❑ Asian ❑ Other
❑ Black or African American
❑ American Indian or Alaska Native
❑ Hawaiian or Other Pacific Islander
❑ Hispanic or Latino ❑ Not Hispanic or Latino

Parent/guardian information

_____
Name (please print)

_____
Relation to patient

_____
Home (mailing) address

_____ _____
City Zip

Home phone (_____)_____-_____

Work phone (_____)_____-_____

Cell phone (_____)_____-_____
❑ Check here if you do not want to receive text messages.

Emergency contact information

_____
Name (please print)

_____
Relation to patient

Phone (_____)_____-_____

Dental history

Dental visits should start at first tooth.

❑ Yes ❑ No Is this the patient's first dental visit?
If no, how long has it been?
❑ Less than 2 years ❑ More than 2 years

_____
Past or current dentist's name

❑ Yes ❑ No Is the patient experiencing toothache/ mouth pain/face swelling?

❑ Yes ❑ No Has the patient visited the ER/hospital for dental pain in the last year?

❑ Yes ❑ No Has dental pain caused you or your child to miss school and/or work in the last year?
❑ School ❑ Work ❑ Both

Medical history

_____
Patient's current physician

Date of last medical exam (mm/yy) _____/_____

❑ Yes ❑ No Is the patient taking any medications?
If yes, please list _____

_____

❑ Yes ❑ No Does the patient have any allergies?
If yes, please list _____

_____

❑ Yes ❑ No Does the patient have any special needs that would require special arrangements for dental care? e.g. autism
If yes, please explain _____

❑ Yes ❑ No Is the patient pregnant?

Does the patient have, or have they had, a history of the following:

❑ ADHD
❑ AIDS / HIV
❑ Anemia
❑ Anxiety
❑ Asthma
❑ Birth defects
❑ Cancer
❑ Cerebral Palsy
❑ Diabetes
❑ Epilepsy/seizures
❑ Excessive bleeding
❑ Fainting
❑ Heart problems
❑ Hepatitis
❑ Kidney disease
❑ Liver disease
❑ Mono
❑ Rheumatic fever
❑ Tuberculosis
❑ Other _____

Please explain your answers:

_____

Continue on back.

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Patient behavior

❑ Yes ❑ No Does the patient brush daily?

❑ Yes ❑ No Does the patient drink soda pop or other sugar-sweetened drinks (Kool-Aid, fruit drink, sports drink) daily?

❑ Yes ❑ No Is the patient using tobacco or vaping products?

❑ Yes ❑ No Does anyone in the household use tobacco or vaping products?

Household information

Annual household income

❑ Less than $10,000 ❑ $10,000-20,000

❑ $20,000-30,000 ❑ More than $30,000

How many children age 21 or younger live in your household?

_____

Insurance

Please check any that apply.

❑ No dental insurance

❑ Medicaid

Medicaid number _____

❑ Private DENTAL insurance (please provide copy of card)

_____

Dental insurance name

_____

Policy number

_____

Group number

_____

Dental insurance address

Insurance phone (_____)_____-_____

_____

Employer name

⚠ IMPORTANT - Permission to provide treatment

We cannot treat your child if form is not signed.

I, _____, as a legally responsible guardian of _____

Print parent/legal guardian name Print child's name

give my permission for the dental services I have authorized below. Please note that preventive dental hygiene services alone, provided outside of a regular dental office, should not replace regular exams by a dentist. I have been offered and/or have read Delta Dental's HIPAA Notice of Privacy Practices available at southdakota.deltadental.com/privacy-and-policies/notice-of-privacy-practices/.

Each item needs to be answered in order to receive dental care.

❑ Yes ❑ No Preventive services: screening by a hygienist, teeth cleaning, oral hygiene instruction, sealants, fluoride treatment.

❑ Yes ❑ No Dentist exam (including dental x-rays)

❑ Yes ❑ No Restorative services: fillings, stainless steel crowns, pulpotomy. Local anesthetic may be used for these procedures.

❑ Yes ❑ No Silver diamine fluoride (decayed area of the tooth will be stained black permanently – please see attached for more information about this treatment)

❑ Yes ❑ No Extractions: removal of primary (baby) or permanent teeth that cannot be restored through other treatments. Local anesthetic may be used for these procedures.

❑ Yes ❑ No The use of nitrous oxide (laughing gas) may be used as deemed necessary.

➡ _____ _____/_____/_____

Parent/legal guardian signature Date

V1121

Fill out front too. ➡

SILVER DIAMINE FLUORIDE INFORMED CONSENT

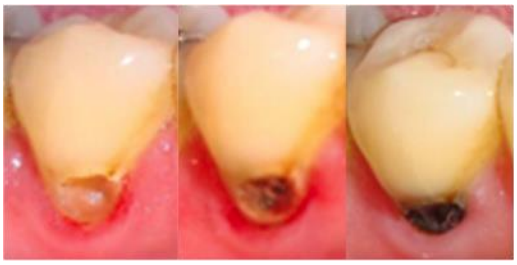
Silver Diamine Fluoride (SDF) is a liquid medication that is applied to active tooth decay to kill bacteria and stop the cavity from growing. While the use of SDF has been FDA approved to treat tooth sensitivity, we are using SDF to help stop tooth decay.

Benefits of receiving SDF:

- SDF can help stop tooth decay.
- SDF can postpone the need for traditional dental treatment (fillings, crowns, etc.) and delay/possibly eliminate the need for sedation/general anesthesia to complete dental treatment.

Risks related to SDF include, but are not limited to:

- Patients should not be treated with SDF if:
  - **He/she has an allergy to silver**.
  - There are painful sores or raw areas on the gums or anywhere in the mouth.
- **The decayed area of the tooth will be stained black permanently.** Healthy tooth structure will not stain.
- Tooth colored fillings and crowns may discolor if SDF is applied to them.
- If SDF contacts the gums or skin, a brown or white stain may appear. This color change is harmless, but cannot be washed off. The discoloration will go away in 1-3 weeks.
- If tooth decay is not arrested, the decay will progress. In that case the tooth will require further treatment, such repeat SDF, a filling or crown, root canal treatment, or extraction.



before, after 24 hours, and after 7 days of SDF treatment (UCSF

Alternatives to SDF include, but are not limited to:

- No treatment. No treatment will allow untreated decay to continue further damaging tooth structure, possibly leading to pain, infection, or tooth loss.
- Fillings, crowns, extractions or referral for advanced care which may include general anesthesia.

While SDF can stop tooth decay, it will not restore the tooth structure that has already been effected. You may still require restoration of the teeth (fillings, crowns, etc.).

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Required Nondiscrimination and Accessibility Statement*

Discrimination is Against the Law

Delta Dental of South Dakota complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Delta Dental of South Dakota does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental of South Dakota:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters;
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters;
  - Information written in other languages.

If you need these services, call 1-877-841-1478.

If you believe Delta Dental of South Dakota has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Delta Dental of South Dakota, Compliance Manager, 720 N. Euclid Ave., Pierre, SD 57501, phone: 1-800-627-3961, compliance@deltadentalsd.com , fax: 1-605-224-0909, TTY: 1-888-781-4262. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Compliance Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-841-1478 (TTY: 1-888-781-4262).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-841-1478 (TTY: 1-888-781-4262).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-841-1478（TTY：1-888-781-4262）。

ဟ်သူဉ်ဟ်သး– နမ့ၢ်ကတိၤ ကညီ ကျိာ်အဃိ, နမၤနှ့ၢ် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၢ် နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိ 1-877-841-1478 (TTY: 1-800-874-9426)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-841-1478 (TTY: 1-888-781-4262).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-877-841-1478 (टिटिवाइ: 1-888-781-4262) ।

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-841-1478 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-888-781-4262).

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-877-841-1478 (መስማት ለተሳናቸው: 1-888-781-4262).

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-877-841-1478 (TTY: 1-888-781-4262).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-841-1478 (TTY: 1-888-781-4262).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-841-1478 (TTY: 1-888-781-4262) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-841-1478 (телетайп: 1-888-781-4262).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-841-1478 (TTY: 1-888-781-4262).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-877-841-1478 (телетайп: 1-888-781-4262).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-841-1478 (ATS : 1-888-781-4262).

* Under Section 1557 of the Affordable Care Act (ACA), Delta Dental of South Dakota is required to post notices of nondiscrimination and taglines that alert individuals with limited English proficiency (LEP) to the availability of language assistance services.

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