Hey Parents and Guardians! Looking for Dental Care?

The Johnson Health Center Mobile Dental Unit (MDU) will be visiting your child(rens) school to offer dental exams and preventative dental care!

Please complete the attached packet and return to the school by our deadline for access to Johnson Health Center Dental services while your child is in school.

A few important things to know:

- Insurance will only pay for a dental visit every 6 months. If your child has been seen in the last 6 months, insurance may not cover their visit.
- The school programs only provide preventive care such as cleaning and exams, more complex work will be referred to one of our JHC locations or an external pediatric office.
- Staff with the mobile dental clinic are very experienced with children but no child will be forced to participate if they seem distressed or are unable to cooperate with the exam. You will be notified if the team is unable to examine your child.

Our MDU Crew!

If you have any further questions about this program, please reach out to your child(rens) school nurse.

Thank you!

JOHNSON HEALTH CENTER

School Based Oral Health Program
Dental Services | Mobile Dental Unit

School Based Oral Health Program
Dental Exam Information and Consent Form

Johnson Health Center is offering students the opportunity to receive dental preventative care at school. If you do not have FAMIS/Medicaid or other dental insurance, a reduced fee is available to those who qualify financially.

Parents/guardians must complete and sign the attached medical information and consent forms for their student to receive this service. Please complete and return this packet with a copy of your dental insurance card (if applicable), if you would like your child to receive dental services at school.

General Information

Child's name: _____ Date of Birth: _____

Sex: □ M □ F Race/Ethnicity: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Parent/Guardian DOB: _____

Contact Phone: _____ Contact Email: _____

School: _____ Grade: _____ Teacher name: _____

Does your child have a dental home? □ Yes □ No If Yes, Where: _____

Dental Insurance Company: _____

Insurance company: _____ Policy number: _____

Name of policyholder: _____

Medicaid—Child's 12-digit Medicaid Recipient ID: _____

Head of household name: _____

Medical Insurance Company: _____

Policy number: _____ Group number: _____

Name of policyholder: _____

My child does not have dental insurance:

Johnson Health Center will contact you with the amount charged for the visit based on household size and income. A reduced-fee application will need to be filled out prior to visiting.

Please provide household size: _____ Please provide household taxable income: _____

I wish to pay by: □ Cash □ Money order (no checks, please)

Health Information

Does your child have (now, or in the past) any of the following conditions? Mark all that apply:

- ☐ Asthma
- ☐ Heart disease/defect
- ☐ Lung disease
- ☐ Kidney disease
- ☐ Rheumatic fever
- ☐ Diabetes
- ☐ Developmental disorder/delay
- ☐ Epilepsy/seizures
- ☐ Autism/Asperger's

☐ Other: _____

Is your child being treated for any medical conditions? If so, please list:

_____

_____

Is your child taking any medications? If so, please list:

_____

_____

Does your child have any allergies? If so, please list:

_____

_____

Have you ever been told by a dentist or physician that your child needs to take antibiotics before dental care? ☐ Yes ☐ No

Has your child ever been examined by a dentist? If so, please list location and date of the last exam:

_____

Has your child been examined by a primary care provider? If so, please list primary care and the date of the last wellness exam:

_____

_____

Has your child experienced dental pain? ☐ Yes ☐ No ☐ Unsure

What does your child usually drink or snack on? Mark all that apply:

- ☐ Sugary drinks
- ☐ Candy
- ☐ Coffee/Tea
- ☐ Water
- ☐ Diet Drinks
- ☐ Junk food (chips)
- ☐ Gummies
- ☐ Snack cakes
- ☐ Fruits/Vegetables
- ☐ Crackers/Cereal
- ☐ Milk

Does your child clench or grind their teeth? ☐ Yes ☐ No

Do you help your child brush and/or floss? ☐ Yes ☐ No ☐ Unsure

Does your child have any tooth sensitivity? ☐ Yes ☐ No ☐ Unsure

Consent for Treatment

I authorize Johnson Health Center (JHC) to provide preventative dental services for my child, to collect payment from Medicaid or my private insurance on my behalf, and to allow the dental hygienist and dentist to obtain my child's dental record from evaluation and proceed with recommended treatment.

To enhance the level of oral health care provided to you, Johnson Health Center (JHC) has partnered with Virginia Commonwealth University (VCU) School of Dentistry, senior dental and dental hygiene students to provide oral health care in the community. The Code of Virginia (Chapter 27, Title 54.1-2712) permits this practice. I understand that exams and procedures may be completed by attending dental externs under the guidance of a Virginia licensed dentist.

In the absence of a dentist on site, I understand that services may be provided by a dental hygienist operating under Remote Supervision permitted by the Code of Virginia (§ 54.1-2722.E and F. and § 54.1-3408). All records during examinations and treatment will be reviewed by a Virginia licensed dentist within a 90-day period. The supervising dentist will communicate with the parent or guardian on any additional findings.

Procedures may include dental evaluation, X-rays (radiographs), intraoral photos, prophylaxis (cleaning), fluoride varnish, dental sealants and/or Silver Diamine Fluoride. A separate consent form is attached with more information about the importance of Silver Diamine Fluoride and its prevention in slowing and arresting decay if treatment is indicated.

If one of JHC's employees should be directly exposed to your child's blood or body fluids in a way that may transmit disease, your child will be tested for Human Immunodeficiency Virus (HIV/AIDS virus) and the Hepatitis B and Hepatitis C viruses. A physician or other healthcare provider at Johnson Health Center will share testing results and provide counseling as necessary.

I understand the above information is necessary to provide my child with dental care in a professional and safe manner. I have answered all the questions to the best of my knowledge.

I may revoke my consent at any time, in writing. Unless revoked earlier, this consent will expire one year from the date signed.

I understand that I can discuss any concerns with any JHC Dental office or the Dental Director. By signing below, I am indicating that I understand the terms of the consent and that I have the legal authority to give consent for my child.

Please mark the box next to the services you consent for your child to receive and return this form within 3 days. Only treatment that has been checked off will be completed on the day of service.

☐ Dental Exam:
X-rays & Intraoral Photos
Prophylaxis (Dental Cleaning)

☐ Fluoride Varnish
☐ Dental Sealants

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

Dental Sealants - FAQs

What is a sealant?

- A thin, white coating placed on the chewing surfaces of the back permanent molars
- Acts as a barrier to protect the tooth by 'sealing out' bad bacteria that can cause cavities and prevent decay of permanent teeth

How is a sealant applied?

- No needles or drills are used
- Sealant is painted onto the chewing surface of the back tooth then a special blue light hardens the liquid and bonds the sealant to the tooth

Why should my child have a sealant?

- Sealants on permanent molars work to reduce the risk of cavities by 80%
- In children ages 6-11, children without sealants have almost three times more cavities than those children with sealants

How long will the sealant last?

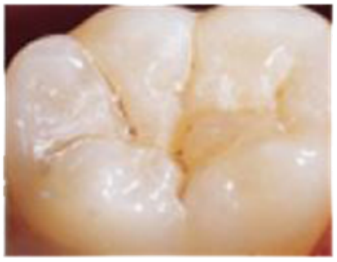
- Sealants can last several years before needing to be replaced
- Sealants can come off with habits such as chewing ice, eating hard foods, or grinding teeth. Your dentist can verify if any sealants need to be re-applied.

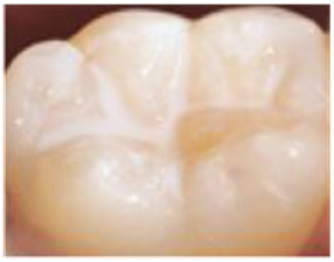
When will a sealant NOT be placed?

- Sealants are NOT placed on any tooth that has a cavity. Teeth with cavities will require more advanced treatment

Does my child still have to brush the back teeth if they have sealants?

- Yes! Sealants are not a substitute for cleaning your teeth every day
- Sealants are only helpful to prevent decay if oral hygiene is continued daily





Silver Diamine Fluoride (SDF)

Silver Diamine Fluoride (SDF) is a medication used to treat sensitivity and slow progression of tooth decay. Applying SDF can help stop tooth decay, provide relief from tooth sensitivity, and buy time until next steps in the dental treatment plan can be initiated. This is especially helpful in situations where patients are delayed in getting a dental appointment, for patients who are very young or fearful, or for patients who have special needs that may otherwise require sedation for treatment.

How is SDF applied?

- SDF is a liquid that is applied with a small brush
- No drills or needles are used
- Metallic taste may occur, but will go away rapidly

Where will the SDF be applied?

- SDF can be applied to any area with a cavity
- SDF will **NOT** be applied to **ANY** front teeth, only back teeth

What will it look like after it is applied?

- SDF will cause a permanently black stain on any cavity

What happens if SDF gets on other teeth that do not have cavities?

- SDF will not stain any area on any teeth that does NOT have any cavities.
- It will only bind to and stain cavities

What happens if SDF accidentally gets on my child's gums or skin?

- A brown or white stain may appear on gums or skin that is harmless, and will disappear in 1-3 weeks

When should SDF not be used? What are the risks of SDF?

- If patient is allergic to silver, SDF should not be used
- If patient has painful sores or raw areas on gums or mouth, SDF should not be used
- SDF application may not completely stop the decay and progression of a cavity, and no guarantee of success is granted or implied. If the SDF does not completely stop tooth decay, the decay will progress and require treatment

Does my child still need treatment on a tooth that has had SDF?

- Yes, your child will still need treatment on the teeth that have received SDF.
- This treatment may be additional SDF, a filling, a crown, a root canal, or an extraction.
- Recommended treatment from the Dentist will be provided to you, including phone numbers to schedule appointments and a referral if needed

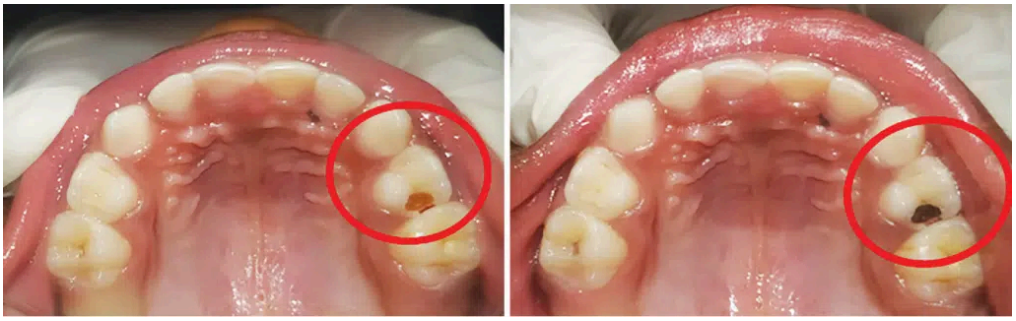
Silver Diamine Fluoride (SDF) Cont'd

Does SDF have to be reapplied?

- In some cases, SDF may require repeated re-application and may be recommended every 6-12 months if necessary

What are alternatives to SDF?

- No treatment is an option. However, this may lead to continued breakdown of tooth structure and appearance. Your child's symptoms may also increase in severity
- Dependent on location and extent of tooth decay, other options may include placement of fluoride varnish, crown or filling, or extraction (with or without sedation)



Before | After

I have read and understand the information above and have had my questions answered. I also understand there is no guarantee of the outcome of the treatment, and give my consent for Silver Diamine Fluoride application.

_____	_____
Patient Name	Date of Birth
_____	_____
Patient or Guardian Signature	Date
_____	_____
Provider Signature	Date