

No time to take your child to the dentist? We have the solution...

Monroe County Dental Clinic is partnering with the Monroe County Schools to provide dental services.

With your permission, your child, along with several other children can be transported between Monroe County School and the Monroe County Dental Clinic. Please complete the form below and return it to your child's school nurse or fax it to the dental clinic at 423-442-3677.

Monroe County Dental Clinic accepts most dental insurances, including TennCare (we are not a free clinic). Insurance usually pays 100% of two cleanings per year. Children without dental insurance are offered dental treatment at reduced prices. Payment must be received prior to treatment. A cleaning with an exam costs only \$50 for children under the age of 16.

Parents will receive a letter through the mail after each visit, explaining the procedures completed (radiographs/x-rays, cleaning, fluoride). If further treatment is needed, parents will also be informed.

To be completed by the Parent or Guardian (Please answer ALL Questions)

I _____ give permission for my child to be picked up from Monroe County School and transported to/from the Monroe County Dental Clinic and to receive a dental cleaning to include radiographs (x-rays) and fluoride, and dental treatment if necessary. To the best of my knowledge, the medical history questions have been accurately answered. HIPPA (privacy practices) brochure will be mailed to me at my request. I understand that I will call the dental clinic at 442-8828 with any questions involving my child's enrollment in the program.

Child's Name _____ Grade _____ Birthdate _____

Social Security Number _____ Dental Insurance _____

Mother's Name _____ Father's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____

City _____ Zip _____

Would you like for your child to receive Nitrous Oxide "Laughing Gas" for dental treatment? YES or NO

Does your child have any ALLERGIES? Please list _____

Please **circle** and list any medical condition your child has. Asthma Diabetes Current Heart Murmur

Bleeding Disorder Other _____

Has your child had any serious illness or operation? _____

Please list all medications your child is taking. _____

School Name _____

Date _____ Parent/Guardian Signature _____

A signature is required for us to transport and treat your child.