AUTHORIZATION FOR DENTAL HYGIENE SERVICES

During the year we offer dental hygiene exams, teeth cleaning and fluoride varnish treatments, sealants and temporary sealants 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 Community Health Centers of Lane County. 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 / Guardian: *(please print)* _____

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

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

Date of Last Dental Exam:	Prescription Fluoride?
Dentist Name:	Any current problems?

1) Does your Child have Asthma? ❒ No ❒ Yes

2) Does your Child have any serious Health Problems? ❒ No ❒ Yes, please explain _____

3) Does your Child have any allergies? ❒ No ❒ Yes, please list _____

4) Has your Physician or Dentist ever recommended antibiotics before having teeth cleaned?

❒ No ❒ Yes, please explain _____

As the parent/guardian, I hereby give consent for my child to receive dental hygiene examinations, fluoride varnish treatments, teeth cleaning, sealants and temporary sealants as indicated during the year. I also give consent for exchange of information between Community Health Centers of Lane County, all Lane County School Districts, Head Start of Lane County, Lane Community College, Healthy Tomorrows, Clocktower, WIC, ECCares, Community Child Care, Insurance carrier, and the Dentist of Record. This consent will remain in effect for 24 months. **By signing this form, I am also acknowledging that I have received a copy of the Community Health Centers of Lane County's Notice of Privacy Practices that is attached.**

Signature: _____ Date: _____

Parent / Guardian

Please provide the following information for our statistics. This will not affect your child's eligibility to receive services.

Ethnicity

❒ Hispanic

❒ Non-Hispanic

Race - Please check all that apply.

❒ Asian ❒ Alaskan Native ❒ Native Hawaiian ❒ White

❒ Black ❒ American Indian ❒ Pacific Islander ❒ Other: _____

Housing Status:

❒ [1]At risk for homelessness, unstable housing

❒ [2]Living in shelter

❒ [4]Transitional housing

❒ [3]Currently not homeless, was in last 12 months

❒ [5]Not homeless

❒ [7]Living with others (family or friends)

❒ [6]Homeless: living on street, camping, bridge, car

❒ [8]Homeless other: _____

Household Income:

Total household income FOR PREVIOUS YEAR: $_____

Number of people this income supported: _____