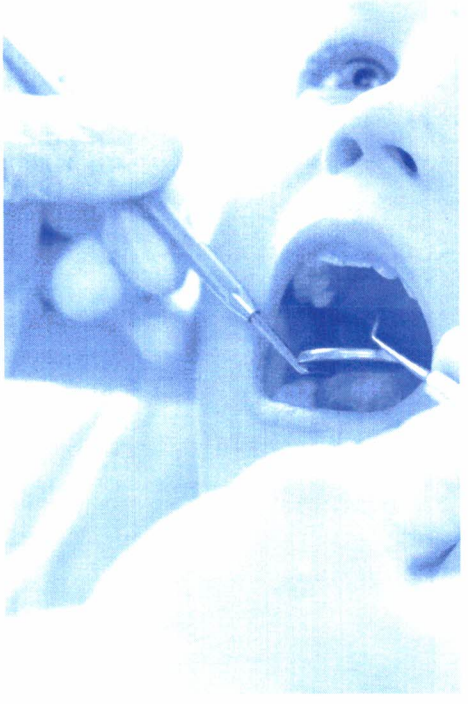
Dental Sealants & More

Get into the Swing of Better Dental Health

A School-Based Dental Sealant Program

Dental Services

SIGN UP
FOR OUR FREE PROGRAM
and receive
McDONALD's
COUPONS!



Dear Parent or Guardian,

The Illinois Department of Healthcare and Family Services (HFS) and your County Health Department have arranged for your child to receive preventative dental services at school.

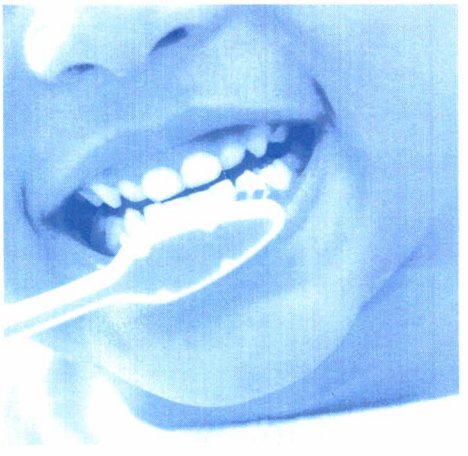
If your child is eligible, the services may include:

- A dental exam (as required for Kindergarten, 2nd and 6th grades)
- Dental Prophylaxis (cleaning)
- Topical fluoride application
- Placement of dental sealants in the permanent molar teeth as indicated

Dental Sealants are white plastic coatings that are placed on the tops of the permanent molar teeth to fill the pits and grooves where dental decay commonly starts.

No anesthetic required.

Further dental care cannot be provided at the school.



There is **no charge** to you for this treatment.

Our school has elected to participate in this program. A licensed, experienced dentist, dental assistant, and hygienists will come to the school with portable dental equipment to provide these services.

If you wish to have your child participate in this program, you must complete the attached permission form and return it to the school as soon as possible.

Questions? Call Sandy Lane at 309-339-9217.

Please complete the attached form and return to school immediately.

Permission Form **Please print in ink.** This form is valid for the current school year only.

Your Child's Name (Print): _____

Birthdate: _____ **Gender:** ☐M ☐F

Name of School: _____ **Teacher:** _____ **Grade:** _____

Your child must be eligible and you must provide all of the information requested and then sign your name in the designated area to receive these benefits.

You are eligible if enrolled in the All-Kids Program, qualified for the Free of Reduced Lunch Program, or insured by the Illinois Department of Healthcare and Family Services.

Does your child qualify for free or reduce meals? ☐ Yes ☐ No

Is your child enrolled in any of the following?

☐ Molina
☐ Meridian
☐ Health Alliance
☐ Illinois All Kids Program
☐ Other

***** Child's ID Number if you have one.** (Nine digit number on back of Medi-Plan Card) ___ ___ ___ ___ ___ ___ ___ ___ ___

**** Does your child have any medical conditions that requires premedication with an antibiotic prior to dental treatment?**

☐ Yes ☐ No **If so, what?** _____

Has your child had any history of or condition related to any of the following?

☐ Latex Allergy ☐ Any Other Allergies? Allergic to what? _____

☐ Anemia	☐ Diabetes	☐ Previous Surgery	☐ History of Bacterial Endocarditis
☐ Bleeding	☐ Ear Ache	☐ ADD or ADHD	☐ Artificial Joint
☐ Epilepsy	☐ Seizures	☐ Autism	☐ Artificial Heart Valve
☐ Fainting	☐ Asthma	☐ Behavioral Problems	☐ Congenital Heart Disease

Other: _____

_____

List All Current Medications: _____

Parent/Guardian Name (Print): _____

Address: _____ **Phone:** _____

City: _____ **Zip:** _____

I am the custodial parent or legal guardian of the minor child named above and give my permission to participate in this program. I also give permission to share this information obtained during this examination with only those agencies necessary to complete appropriate billing and/or to meet the requirements of the State of Illinois and the local school district. I also give permission to share information with those who may provide further treatment.

A representative of HFS may return to your school to check the retention of your child's sealants

Parent/Guardian Signature: _____ **Date:** _____

**** Parent or guardian must sign for the child to participate**

School-Based Dental Program Dental Record

Patient's Name: _____

Current Dental Status of Patient (to be completed by dentist)

Prior Treatment:

Restorations

_____
_____
_____
_____
_____

Sealants

_____
_____
_____
_____
_____

Treatment Needed:

Restorations

_____
_____
_____
_____
_____

Sealants

_____
_____
_____
_____
_____

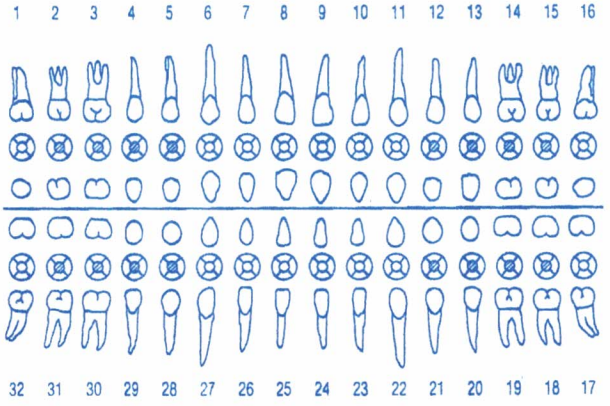
Notes:

_____
_____
_____

Oral Hygiene Status: ☐ Good ☐ Fair ☐ Poor

Periodontal Status: ☐ Good ☐ Fair ☐ Poor

Malocclusion: ☐ I ☐ II ☐ III



Oral Health Assessment Rating

1. Preventative Care (service rendered today) - No visual evidence of caries activity or periodontal pathology.
2. Restorative Care - Amalgams, composites, crowns (routine dental care)
3. Urgent Treatment - Abscess, nerve exposure,advanced disease state, signs or symptoms that include pain, infection, or swelling.

Treatment Received Today:

☐ Exam ☐ 2 ☐ 18

☐ Prophylaxis ☐ 3 ☐ 19

☐ Fluoride Treatment ☐ 14 ☐ 30

☐ Sealants ☐ 15 ☐ 31

Oral Health Assessment Score:

_____

Dentist's Signature _____ Hygienist _____ Date _____