

DENTAL HYGIENE SERVICES ~ 2021-2022

MUST BE FULLY READ AND COMPLETE. INCOMPLETE FORMS CANNOT BE CONSIDERED FOR SERVICE. Pt # _____



DENTAL HYGIENE SCREENINGS (MEDICAL/DENTAL)
DENTAL PROPHYLAXIS (CLEANING)
FLUORIDE APPLICATION AND/OR REMINERALIZING AGENTS
SILVER DIAMINE FLUORIDE AND/OR ANTIMICROBIAL DESENSITIZING AGENTS
TEMPORARY FILLINGS (FLUORIDE RELEASING)
PREVENTIVE DENTAL SEALANTS (CONTAIN FLUORIDE)
INDIVIDUAL ORAL HYGIENE INSTRUCTION
IMAGING (X-RAYS, INTRA-ORAL PHOTOS, ETC.)



EDUCATION ON DIETARY RISKS FOR DECAY, SUMMARY OF SERVICES, AND REFERRALS
TELE-DENTISTRY COMMUNICATION WITH THE VIRTUAL DENTAL HOME

BY SIGNING THIS DOCUMENT, YOU ARE CONSENTING TO ANY OR ALL LISTED SERVICES FOR YOUR CHILD

****DOES YOUR CHILD SEE A DENTIST REGULARLY? Yes No If Yes, note the date seen. ____/____/____**

****HAS YOUR CHILD BEEN SEEN FOR CARE IN THE PAST 12 MONTHS? YES NO**

****IF YOU ANSWERED YES TO BOTH QUESTIONS OR HAVE DENTAL INSURANCE THAT IS NOT MAINECARE THEN YOU DO NOT QUALIFY FOR THIS SERVICE AND SHOULD NOT COMPLETE THIS FORM****

NAME: _____ DOB: _____ (MALE/FEMALE Optional)

ADDRESS: _____ ZIP: _____

SCHOOL: _____ GRADE: _____ TEACHER: _____

MAINECARE: ID# ____/____/____/____/____/____/____/____/____ Covid Exposure: YES / NO DATE ____/____/____

PRIMARY CARE PROVIDER: _____ PH#: _____

LIST ALL MEDICAL CONDITIONS: HEART PROBLEMS SEIZURES DIABETES KIDNEY DISEASE ASTHMA ADD/ADHD

ANXIETY AUTISM CANCER AUTOIMMUNE DISORDER LUNG DISEASE OTHER: _____

LIST ALL MEDICATION: _____ LIST ANY SURGERY: _____

LIST ALL ALLERGIES: IODINE SILVER MILK/DAIRY SEASONAL DYES LATEX NUTS EPI PEN? YES/NO

FOOD ALLERGY List: _____ MEDICATION ALLERGY List: _____ Others: _____

DOES THIS STUDENT REQUIRE ANTIBIOTIC PREMEDICATION BEFORE ANY DENTAL TREATMENT? YES / NO

DOES THIS CHILD HAVE ANY MENTAL OR PHYSICAL DISABILITY REQUIRING ASSISTANCE? YES / NO

(IF YES: CIRCLE/EXPLAIN) ONE ON ONE AID NURSE WHEELCHAIR OTHER: _____

Consent for care: In signing this document, I voluntarily consent to have my child participate in and receive oral health care services at school through the *Saving Smiles of Maine* mobile office. I acknowledge, confirm, and agree that enrollment in the *Saving Smiles of Maine* school-based *Saving Smiles for Miles* program gives legally binding permission for all dental hygiene services listed on this form to be rendered by an authorized licensed dental hygienist during this academic school year. I have read and understand the Dental Hygiene Service Information page attached to this consent form including the use of Silver Diamine Fluoride. I understand that school-based dental hygiene does not replace a comprehensive examination by a licensed dentist. I agree that I have completed the medical history and have included accurate responses to all questions to the best of my knowledge. I grant permission to *Saving Smiles of Maine* to request or release confidential information on the child listed above for the purpose of assessing eligibility, performing health assessments included COVID pre-appointment screening, providing care, in attaining reimbursement, in making referrals and as mandated for the benefit of the child. Request or release of information includes information exchanged to and from school personnel, nurses, physician's office, health facilities, dentists, and dental practices. I agree that I have full read and/or have been full informed of the *Saving Smiles of Maine* Privacy Practice Notice located in the parent section of the website, www.savingsmilesmaine.org listing all privacy guidelines including the potential benefits, risks, and alternatives of participating in teledentistry. I specifically consent to the taking and use of video, photographic and radiographic images and oral recordings, and the transmission and retention of these images and recordings through teledentistry methods for purposes of improving my child's oral healthcare. I agree that no guarantee or assurance has been made by anyone regarding specific results or outcome from participation in the teledentistry consultation or the services provided in connection therewith. I am aware that video surveillance is used in the mobile office for patient safety. (Sign, fold, and return to the school nurse. Signing does not guarantee service.)

DATE: _____ PARENT/GUARDIAN-PRINT: _____ email: _____

SIGNATURE: _____ PHONE: _____ RELATIONSHIP: _____

School Nurse: _____ Date: _____ RDH: _____ Date: _____

DENTAL HYGIENE SERVICE INFORMATION PAGE

Saving Smiles of Maine offers preventive dental care through their Saving Smiles for Miles Program –preventive dental services- include:

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TELE-DENTISTRY COMMUNICATION WITH PARTNERING DENTISTS

The Saving Smiles for Miles program is a public health dental hygiene service that is primarily school-based and provides care once a year in alternative settings. This service does not replace the comprehensive routine care of a licensed dentist.

Poor oral health can lead to decreased school performance, poor social relationships, and less success later in life. Children experiencing oral pain are distracted and unable to concentrate on schoolwork. (U.S. General Accounting Office. 2000. Oral Health: Dental Disease Is a Chronic Problem Among Low-Income and Vulnerable Populations. Washington, DC: U.S. General Accounting Office.) <https://www.gao.gov/products/GAO/HEHS-00-72>

FLUORIDE VARNISH

Fluoride varnish is a highly concentrated form of fluoride that is applied to tooth surfaces by oral health professionals or other health professionals to prevent dental caries. Fluoride varnish applied every 6 months is effective in preventing dental caries in the primary and permanent teeth of children and adolescent at moderate to high risk. For those at high risk, receiving fluoride varnish every 3 months may provide additional caries prevention benefit. It has FDA approval as a medical device. Marinho VC, Higgins JP, Logan S, Sheiham A. 2002. Fluoride varnishes for preventing dental caries in children and adolescents. Cochrane Database of Systemic Reviews (1):CD002279. <http://www.cochrane.org/reviews/en/ab002279>

SILVER DIAMINE FLUORIDE (SDF) *contraindicated for those with silver allergies

SDF is an antimicrobial desensitizing liquid made up of a silver fluoride salt, and ammonia, that can slow down and, in some cases, stop the progression of decay turning the cavity itself black. It has FDA approval as a medical device. See more detailed information with photos regarding SDF information at these links:

<https://www.astdd.org/www/docs/sdf-fact-sheet-09-07-2017.pdf>
https://www.elevateoralcare.com/site/images/AASDF%20Image%20Sheet_092619.pdf



DENTAL SEALANTS

Dental sealants are thin plastic coatings that are applied to the pits and fissures (grooves) on the chewing surfaces of molar teeth. Available evidence suggests that sealants are effective and safe to prevent or arrest the progression of non-cavitated carious lesions compared with a control without sealants or fluoride varnishes. Key Words. Glass ionomer sealants; resin-based sealants; caries prevention; caries arrest; pit-and-fissure sealants; systematic review. JADA 2016;147(8):631-645 AMERICAN DENTAL ASSOCIATION - GUIDELINES ON SEALANTS LINK: <https://ebd.ada.org/en/evidence/guidelines/pit-and-fissure-sealants>

RADIOGRAPHS (X-RAYS) (*dental disease cannot be thoroughly identified without radiographs)

Radiographs are taken by licensed clinicians and will be diagnosed by a licensed dentist within 21 days of being taken.

TEMPORARY FILLINGS

Temporary filling is a short-term use material which can restore missing tooth structure until such time as definitive treatment of the tooth is possible. It may incorporate sedative materials for pulpal pain. **IMPORTANT** -This is not a permanent restoration. We recommend patients be seen by a dentist within 30 to 60 days of temporary filling placement to prevent your condition from getting worse.

TELE-DENTISTRY: A variety of electronic communication methods including sharing records, X-rays, and photo images can be used to coordinate care between the hygienist who is seeing your child at school and the dentist who can coordinate more complex dental treatment if needed. collection of means to enhance care and education delivery. (ADA, 2015, <https://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/statement-on-teledentistry>

PARENTS QUESTIONS ON QUALIFICATION FOR SERVICES

My child has MaineCare dental insurance. Do we qualify for preventive dental care through the Saving Smiles for Miles Program? Yes, we accept MaineCare Insurance.

My child has a regular dentist. Can he/she have preventive dental care through the Saving Smiles for Miles Program instead? No, we encourage people who receive regular dental care with a dentist to stay with their dental home. We cannot see patients that have a dentist that they see regularly every year.

My child has regular dental insurance coverage. Will that cover services through the Saving Smiles for Miles Program? No, we do not accept all insurances. We are a provider for MaineCare participants.