



MILES *for* SMILES

HOW DO I SIGN UP MY CHILD FOR **MILES FOR SMILES**?

Fill out the enrollment form (reverse side of this paper) completely. When you're done, sign it and put it in a sealed envelope (for your privacy) and send it back to school with your child. Have your child turn it into the teacher. We will contact you to confirm your child's enrollment and first appointment.

If you need additional forms, please visit our website: www.milesforsmiles.com.

WHAT IF MY CHILD ALREADY HAS A DENTIST?

If you are happy with your current provider, we encourage you to stay at your dental home. Miles for Smiles provides a service to those who do not have a dental home and have had obstacles in receiving quality dental care.

Please contact us with any questions about eligibility. We would love to serve you.

CAN I ATTEND THE VISIT WITH MY CHILD?

Yes. Parents/guardians are welcomed to wait in the designated area on the **MILES FOR SMILES** mobile dental unit. Part of the advantage of mobile dentistry is that we come to your child's school. You don't have to take time away from work to take your child to the dentist. Our team is trained to handle the wide-range of issues associated with kids' dental health.

We provide a fun and relaxing atmosphere so that children enjoy their visit with the dentist. After each visit, we keep you informed by sending home a detailed summary of what procedures were done and any post-operative instructions. We'll also let you know what will be done at the next visit (if required).

WHAT IF MY CHILD IS UNCOOPERATIVE?

We don't force treatment. We are skilled in techniques to gain your child's confidence and cooperation, but we will not force treatment. If your child is uncooperative, we will reschedule and may request parental assistance at the next visit.

WHAT SERVICES DO YOU PROVIDE?

Cleaning, exam, X-rays, sealants, fluoride treatments, cavity treatments and tooth extractions. For more details on these procedures, risks and potential complications, please visit our website: www.milesforsmiles.com.

Going the extra mile for your smile™



MILES for SMILES

MOBILE DENTAL CARE

Going the extra mile for your smile™

We are excited about providing your child with excellent dental care at school in the Miles for Smiles mobile unit. To enroll in Miles for Smiles, complete the form below. Please print clearly using a pen (no pencils). Return this form RIGHT AWAY! If you are currently happy under the care of a dentist, we encourage you to continue with your current provider. **If you want to utilize our services, please fill out this form.**

Today's date _____ My Child's School _____ Grade _____

PATIENT INFORMATION

First Name _____ Last Name _____ MI _____

Preferred name _____ Male Female Birth date _____

Home phone _____ Cell Phone _____ Email _____

Home address _____ Apt. # _____ City _____ ZIP _____

INSURANCE

Check one MCNA/Medicaid/LaCHIP Private Insurance Check/Credit Card/Money Order/Cash

Name of Insurance Company _____ Member ID# _____

Policy Holder Name _____ Policy Holder Birth Date _____

HEALTH HISTORY

The following information will help us provide the best-possible dental care tailored to your child. Dental and Medical history is important for safe dental examination and treatment. Medical questions must be answered before treatment. Are there any existing dental issues we should address at the first visit? (Explain.)

Has your child ever had any of the following medical problems? Please check each condition that applies to your child:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Latex Allergy | <input type="checkbox"/> Behavioral Problems | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Asthma or Wheezing | <input type="checkbox"/> Rheumatic Fever (Ever Had) | <input type="checkbox"/> Hepatitis/Liver Problems | <input type="checkbox"/> AIDS/HIV |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Bleeding Problems/Hemophilia | <input type="checkbox"/> Require wheelchair access |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Recent Dental Problems | <input type="checkbox"/> Seizures | |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Tuberculosis (TB) | |

List allergies to medication/other _____

Name of child's doctor _____ Phone _____ Date of last medical examination _____

Use space below to provide additional details on your child's health. List current medications. Attach another page as needed. _____

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

I hereby authorize the Miles for Smiles mobile dental program to use or disclose any necessary patient health information (PHI) in order to carry out treatment, payment activities, and healthcare operations, as fully described in our Notice of Privacy Practices. I understand also that upon request I will receive a copy of the Notice of Privacy Policies as prescribed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I am the parent or guardian of the above-named child and I hereby give Dr. Jeremy Simms Alexander, P.C.(provider) and/or Miles for Smiles, LLC Associates permission to treat my child with cleaning, exam, X-rays, sealants, and fluoride treatment and, if cavities are found, to treat these. Furthermore, I give Dr. Alexander and/or his Associates permission to use local anesthesia to numb for my child's comfort. If needed, I give Dr. Alexander and/or his Associates permission to perform dental extractions (pulling teeth). In addition, I give Dr. Alexander and/or his Associates permission to see my child again in approximately 6 months for cleaning, exam, X-rays and any treatment needed. This authorization will remain in effect until cancelled in writing by me. I understand that photographs of my child may be taken for promotional and/or marketing purposes and will notify the school if I do not wish to have my child photographed.

I hereby authorize and give consent for my child to be seen by and to receive dental services from the Mobile Dental Unit. I understand that these services will be provided at my child's school during school hours. I further acknowledge and agree that the dental services provided to my child are provided by the Mobile Dental Unit only and not by the School Board or any employees of the School Board. I further understand that although employees of the School Board may facilitate my child's visit to the Mobile Dental Unit, no dental services are performed by the School Board and I release the School Board for any claims or damages arising out of or in any way related to the dental services provided to my child during my child's visit to the Mobile Dental Unit. I further grant the School Board permission and authority to share my child's personally identifiable information with the Mobile Dental Unit as necessary for my child to participate in the program.

PARENT/LEGAL GUARDIAN NAME (PLEASE PRINT) _____

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

(318) 317-2800

(866) 308-8370

FOR YOUR PRIVACY, PLEASE RETURN THE COMPLETED FORM IN A SEALED ENVELOPE.