FREE Dental Services

On the Bethany-Give Kids a Smile Mobile Dental Clinic

What Dental Services are Provided?

Dental exam
Cleaning
Fluoride Varnish

This exam satisfies the Illinois state requirement for K, 2, 6, & 9th graders

If Recommended:
Sealants on Permanant Molars
Placement of Silver Diamine Fluoride
-see info on SDF on reverse side

Who is eligible?

- **Children (up to 18) with Medicaid benefits**
- **Children without private dental insurance**

If an eligible child has had an exam within the past 6 months, they will NOT be able to receive treatment in the Mobile Dental Clinic and we encourage returning to the examining dentist to continue care

How to Participate

Fill out the attached permission form & return it to your school nurse/representative or Bethany for Children & Families by the deadline listed below

OR

Scan the QR Code to sign up online

What's Next?

We will determine if your child is eligible for our services
If so, they will be seen at the scheduled event for their school.
If not seen during their school visit, you will be contacted to participate at an alternative event.

School/Location:

Deadline to Sign Up:

Date of Event:
(subject to change)

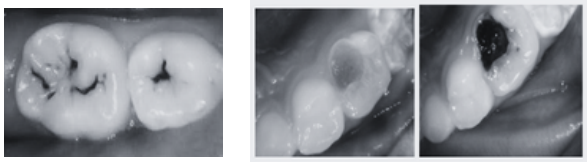
GKAS Mobile Dental Clinic
Silver Diamine Fluoride (SDF) Informed Consent

Facts About Silver Diamine Fluoride (SDF)

Silver diamine fluoride (SDF) is an antimicrobial liquid medicament. SDF is FDA approved for treatment of sensitive teeth and to temporarily slow active decay (cavities) until dental treatment can be obtained. Treatment with SDF does not eliminate the need for dental fillings or crowns to repair function or esthetics. SDF can slow or arrest active decay by attacking the bacteria that cause tooth decay, it will not restore the tooth structure that had been affected by the decay process. Repeat applications of SDF have been shown to provide the highest efficacy and best results. If the dentist prescribes additional applications of SDF, dental professionals from the mobile dental clinic will return to your child's school to provide that service.

The Procedure:

1. The affected tooth is dried with air or gauze
2. A small amount of SDF is placed on the decay- this invokes no sensation or pain and does not require anesthesia
3. The SDF is llowed to dry for one minute
4. The area is wiped with a cotton roll or rinsed with water.



Examples of decayed tooth structure that has darkened in appearance due to SDF placement

Benefits of Receiving SDF

- SDF can help stop tooth decay
- SDF can help relieve senstivity
- SDF can postpone the advancement of decay and postpone the need for traditional dental treatment such as fillings and crowns.
- SDF can eliminate the need for sedation/general anesthesia to complete dental treatment by postponing needed trreatment until the child is developed to a level to cooperate for dental treatment.

Risks Related to SDF Application Include, But Are Not Limited TO

- The decayed tooth structure will darken and can stain black. Healthy tooth structure will not change in appearance. The stained tooth structure is permanent until it is removed by a dentist when placing a filling or crown.
- Tooth colored fillings and crowns may discolor if SDF is applied to them. Color changes on the surface can normally be polished off.
- If SDF comes in contact with skin or the gums, a brown or white stain may appear that causes no harm and has no sensation or discomfort. The stain will disappear on its own in approximately one week.
- SDF can have a metallic taste that goes away rapidly while being placed.
- There is a risk that the procedure will not stop the decay and it will progress. No guarantee of success is granted or implied. In the case that the decay progresses, the tooth will require further treatment, such as repeat SDF, a filling or crown, nerve treatment (root canal), or extraction.

These side effects may not include all of the possible situations reported by the manufacturer. If you notice other effects, please report them to Bethany for Children & Families.

Patients should not be treated with SDF if

1. They are allergic to silver
2. If there are painful sores or raw areas on the gums or anywhere in the mouth

Alternatives

- No treatment
- Application of fluoride varnish (less efficacious in arresting decay)
- Restorative dental treatment such as fillings, crowns, or nerve treatment

To CERTIFY THAT YOU HAVE READ & UNDERSTAND THIS PAGE and AUTHORIZE Bethany for Children & Families to treat your child with Silver Diamine Fluoride (if needed), please sign the "SDF Placement Consent" on the Consent Form.

School/Location: **Deadline to Sign Up:** **Date of Event:**
(subject to change)

Give Kids a Smile Mobile Dental Clinic- Consent Form

PLEASE PRINT CLEARLY & RETURN TO SCHOOL NURSE:

☐ M ☐ F

Student's First Name | Student's Last Name | Date of Birth: Month/Day/Year | Gender

Home Address | City | State | Zip Code

Parent/Guardian First Name | Last Name | Phone | Email Address

Emergency Contact Name (If other than Parent/Guardian) | Relationship to Student | Emergency Contact Phone

School/Daycare/Location | Grade Level

For Grant Purposes: What race is your child?

☐ White ☐ Black/African American ☐ Hispanic/Latino ☐ Asian ☐ American Indian/Alaskan Native ☐ Middle Eastern/North African ☐ Native Hawaiian/Pacific Islander ☐ Multiracial

Complete This Section for Determination of Eligibility:

What type of DENTAL INSURANCE does your child have?

- ☐ Medicaid (Please circle- IL or IA)
- ☐ No Dental Insurance
- ☐ Private Dental Insurance (Delta, UHC, etc)

If your child has Medicaid coverage, what is the insurance carrier?

- ☐ Envolve: Meridian/Youthcare
- ☐ Dentaquest: BCBS/Aetna/AllKids
- ☐ Skygen: Molina
- ☐ Unknown/Other

If you do NOT have Medicaid coverage, please anwer:

Number of Family Members in Your Household: _____

Yearly Household Income: _____

Please enter Medicaid # in boxes: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Please Check Box If Your Child Has Experienced:

- ☐ Nut Allergy
- ☐ Metal Allergy
- ☐ Latex Allergy
- ☐ Pregnancy
- ☐ Speech Difficulties
- ☐ Hearing Difficulties
- ☐ Fainting/Dizziness
- ☐ Tobacco /Vape Use
- ☐ Drug Use
- ☐ Diabetes: Type I or II
- ☐ Epilepsy
- ☐ HIV/AIDS
- ☐ Cancer
- ☐ Chronic Sinusitis
- ☐ Bleeding Disorder/Anemia
- ☐ Head Injury (detail below)
- ☐ Heart Condition (detail below)

_____

- ☐ Physician has recommended antibiotic premedication For which condition:

_____

- ☐ Behavioral Concerns:

_____

- ☐ Asthma

Triggers: _____

Inhaler Location:

_____

Are you having any specific dental concerns with your child?

Is there any other information about your child's health history that we should know for dental treatment

Reviewed By: Dentist Initials _____ RDH/EFDA Initials _____ Date: _____

Give Kids a Smile Mobile Dental Clinic- Consent Form

PLEASE PRINT CLEARLY & RETURN TO SCHOOL NURSE:

PLEASE READ AND SIGN BELOW TO CONSENT:

I am a custodial parent or legal guardian of the minor child named above.

I am aware that the Give Kids a Smile Mobile Dental Clinic has a HIPAA Notice of Privacy Practices available at bethany-qc.org/give-kids-a-smile. I may receive a physical copy of these privacy practices at any time by contacting Bethany for Children & Families. (309-797-7700)

I give permission for the Give Kids a Smile Mobile Dental Clinic to treat my child and I have been given the opportunity to read the HIPAA Notice of Privacy Practices. I understand that treatment may include an examination/screening by a licensed dentist, a dental cleaning, fluoride varnish application, and placement of sealants if prescribed by the examining dentist.

I give permission to the school nurse or representative, dental provider, and IL Department of Public Health (IDPH) to access my child's dental record.

I give permission to Bethany for Children & Families to phone, text, and/or email me regarding my child's health or dental appointment information.

I understand that in the rare circumstance that Bethany for Children & Families needs to transport my student from his/her school to the mobile dental clinic, I will be contacted for verbal consent.

I understand that if my child receives dental sealants on the Give Kids a Smile Mobile Dental Clinic, a provider from the IDPH may return to the school and check these sealants for retention and reseal if needed. These checks are called IDPH Quality Assurance Audits and are performed randomly during the school year.

All permssions and acknowledgments are valid for 12 months from the date of signature. Any changes to your child's health history should be reported to Bethany for Children & Families as soon as possible.

My signature grants permission for the above consents and authorizes the dental provider to treat and bill Medicaid for services performed in the mobile dental clinic. I have been informed of the privacy practices and received a copy upon request.

☐ **Signature:** _____ **Date:** _____

SDF Placement Consent: I have read and understand the provided SDF informed consent and authorize the application and reapplication of SDF if the dentist determines my child would benefit from the treatment.

☐ **Signature:** _____ **Date:** _____

For office use:

HFS-IL/MEDI Result:

- Meridian
- Youthcare
- Wellcare
- BCBS
- Aetna
- Molina
- All Kids
- Not eligible
- Unable to Find

Verified Eligibility Through :

- Dentaquest
- Envolve
- Skygen
- Other:

Notes:

Dental History

Previous Periodic Exam Date: _____

Previous Sealant Date:

#2	/ /
#3	/ /
#14	/ /
#15	/ /
#18	/ /
#19	/ /
#30	/ /
#31	/ /

Previous SDF Date:

Tooth #	Date (s)