



# Dental Services Permission Form

Participal, Inc. Dental Services



With a signed parental consent form, Medicaid and private insurances will be billed for payment. If neither are available, the child may be eligible for free services (determined by availability of grant funding).

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Dentist Name: \_\_\_\_\_

Date of Last Exam: \_\_\_\_\_ School Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Consent for dental services:**

Do you want your child to have an exam?.....Yes \_\_\_ No \_\_\_

Do you want your child to have their teeth cleaned?.....Yes \_\_\_ No \_\_\_

May we apply sealants on your child's teeth to help prevent decay?.....Yes \_\_\_ No \_\_\_

May we apply fluoride treatment after cleaning to help prevent cavities?..... Yes \_\_\_ No \_\_\_

After the appointment, would you like information about your child's dental health?.....Yes \_\_\_ No \_\_\_

email: \_\_\_\_\_

phone: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Contact number \_\_\_\_\_

**My Child Has:**

Medicaid

Medicaid number \_\_\_\_\_

Private insurance

Name of insurance \_\_\_\_\_ Group/Policy number \_\_\_\_\_

No private insurance or No Medicaid insurance