

Arkansas Department of Health
Office of Oral Health

Collaborative Care Consent Form

Arkansas Department of Health's (ADH) Office of Oral Health is offering oral screenings, cavity risk assessments, dental sealants, and fluoride varnishes at _____.

Benefits:

- **Oral screenings** provide a quick and easy way to see if you have any obvious dental issues that need care. An oral screening does not replace a complete dental exam. Your child should visit the dentist for a complete exam every 6 months.
- **Dental sealants** are thin, plastic coatings that are painted on the chewing surfaces of the permanent back (molar) teeth to prevent cavities. Sealants can help prevent or delay cavities.
- **Fluoride** helps strengthen teeth and prevent cavities. Fluoride varnish can be applied 2 to 4 times per year.

Risks & Alternatives:

- **Oral screenings** have minimal risk. A light may be used to see into the mouth; patients with light sensitivity should report the condition to their provider. Alternatives to screenings include full dental exams, including X-rays.
- **Dental sealants** have minimal risk. The process of applying sealants may cause temporary sensitivity in tissues in the mouth (like tongue, cheek, gums or teeth). It is possible for sealants to loosen over time; brushing and flossing regularly and chewing healthy foods may help sealants last longer. A light may be used to see into the mouth; patients with light sensitivity should report the condition to their provider. Although there is no exact alternative to dental sealants, other preventive habits like brushing, flossing, visiting a dentist, fluoride application, and eating healthy foods may prevent cavities as well.
- **Fluoride** has minimal risk. A light may be used to see into the mouth; patients with light sensitivity should report the condition to their provider. Alternatives to fluoride varnish include other preventive habits like brushing, flossing, visiting a dentist and eating healthy foods.

This program will be available at no cost. However, the ADH Office of Oral Health may seek reimbursement from Medicaid, and/or other private health insurance providers if available.

Does the child have insurance? Yes No *(Services will still be available with no insurance.)*

If yes, please provide the insurance information below:

Insurance Company: _____

Policy Number: _____ **Group Number:** _____

Insured's Name: _____ **Insured's Relationship to the child:** _____

Insurance Company Address: _____

Insurance Company Phone Number: _____

1. **Has your child had dental care in the past twelve months?** Yes No

2. **Does your child have an appointment scheduled at the dental home where care is normally provided?**

Yes No

a. If yes, please list the name and address of the dentist or dental home where the care is provided.

If yes, we recommend seeing your usual dentist instead of participating in this clinic.

CONSENT TO TREATMENT

Signing this form gives permission to **1)** screen and perform dental services under a Dental Hygiene Collaborative Care Permit with Dr. Rachel Sizemore performing record review; **2)** seek reimbursement from any insurance you may have; **3)** and provide some background information on the child/patient. You will get a document to inform you of screening results, services provided, and a dental referral, if needed.

I understand that I can choose to have dental hygiene services provided at the dental home where care is normally provided rather than a public setting. I understand that all dental hygiene care provided by the dental home I have used in the past or by a collaborative care dental hygienist will reduce future benefits that the child may receive from private insurance, Medicaid (ARKids), or other third-party providers of dental hygiene benefits for the remaining benefit period.

Patient Name: _____

Patient DOB: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

Consulting Dentist: **Rachel Sizemore, DDS**
Arkansas Dentist License Number: **4481**
Address: **4815 W. Markham St., Little Rock, AR 72205**
Phone: **501-280-4111**

Dental Hygienist: **Randi Lowe, RDH**
Arkansas Dental Hygienist License Number: **2191**
Address: **4815 W. Markham St., Little Rock, AR 72205**
Phone: **501-280-4111**