

Patient Information and Permission Form

MOBILE PROGRAM

General information

Patient information

Legal name (please print) _____

Age _____ Birth date (mm/dd/yyyy) _____

Sex Male Female

School attending _____ Grade _____

Race
 White Asian Other
 Black or African American
 American Indian or Alaska Native
 Hawaiian or Other Pacific Islander
 Hispanic or Latino Not Hispanic or Latino

Parent/guardian information

Name (please print) _____

Relation to patient _____

Home (mailing) address _____

City _____ Zip _____

Home phone (_____) _____ - _____

Work phone (_____) _____ - _____

Cell phone (_____) _____ - _____
 Check here if you do not want to receive text messages.

Emergency contact information

Name (please print) _____

Relation to patient _____

Phone (_____) _____ - _____

Dental history

Dental visits should start at first tooth.

Yes No Is this the patient's first dental visit?
If no, how long has it been?
 Less than 2 years More than 2 years

_____ Past or current dentist's name

Yes No Is the patient experiencing toothache/
mouth pain/face swelling?

Yes No Has the patient visited the ER/hospital for
dental pain in the last year?

Yes No Has dental pain caused you or your child to
miss school and/or work in the last year?
 School Work Both

Medical history

_____ Patient's current physician

Date of last medical exam (mm/yy) _____/_____

Yes No Is the patient taking any medications?
If yes, please list _____

Yes No Does the patient have any allergies?
If yes, please list _____

Yes No Does the patient have any special needs
that would require special arrangements
for dental care? e.g. autism
If yes, please explain _____

Yes No Is the patient pregnant?

Does the patient have, or have they had,
a history of the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> AIDS / HIV | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Mono |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Excessive bleeding | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Birth defects | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hepatitis | |

Please explain your answers: _____

Continue on back. 

SILVER DIAMINE FLUORIDE INFORMED CONSENT

Silver Diamine Fluoride (SDF) is a liquid medication that is applied to active tooth decay to kill bacteria and stop the cavity from growing. While the use of SDF has been FDA approved to treat tooth sensitivity, we are using SDF to help stop tooth decay.

Benefits of receiving SDF:

- SDF can help stop tooth decay.
- SDF can postpone the need for traditional dental treatment (fillings, crowns, etc.) and delay/possibly eliminate the need for sedation/general anesthesia to complete dental treatment.

Risks related to SDF include, but are not limited to:

- Patients should not be treated with SDF if:
 - **He/she has an allergy to silver.**
 - There are painful sores or raw areas on the gums or anywhere in the mouth.
- **The decayed area of the tooth will be stained black permanently.** Healthy tooth structure will not stain.
- Tooth colored fillings and crowns may discolor if SDF is applied to them.
- If SDF contacts the gums or skin, a brown or white stain may appear. This color change is harmless, but cannot be washed off. The discoloration will go away in 1-3 weeks.
- If tooth decay is not arrested, the decay will progress. In that case the tooth will require further treatment, such repeat SDF, a filling or crown, root canal treatment, or extraction.



before, after 24 hours, and after 7 days of SDF treatment (UCSF)

Alternatives to SDF include, but are not limited to:

- No treatment. No treatment will allow untreated decay to continue further damaging tooth structure, possibly leading to pain, infection, or tooth loss.
- Fillings, crowns, extractions or referral for advanced care which may include general anesthesia.

While SDF can stop tooth decay, it will not restore the tooth structure that has already been effected. You may still require restoration of the teeth (fillings, crowns, etc.).

Required Nondiscrimination and Accessibility Statement*



Discrimination is Against the Law

Delta Dental of South Dakota complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Delta Dental of South Dakota does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental of South Dakota:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters;
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters;
 - Information written in other languages.

If you need these services, call 1-877-841-1478.

If you believe Delta Dental of South Dakota has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Delta Dental of South Dakota, Compliance Manager, 720 N. Euclid Ave., Pierre, SD 57501, phone: 1-800-627-3961, compliance@deltadentalsd.com, fax: 1-605-224-0909, TTY: 1-888-781-4262. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Compliance Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-841-1478 (TTY: 1-888-781-4262).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: 1-877-841-1478 (TTY: 1-888-781-4262).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-841-1478 (TTY: 1-888-781-4262)。

တံသျှတ်သး- နမာ်ကတိံ ကညံ ကျိအယ်၊
နမာနံ ကျိအတံမတါလါ တလါဘျုတ်လါစု၊
နိတံဘျုတ်သျုတ်လါ. ကိ 1-877-841-1478 (TTY: 1-800-874-9426)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-841-1478 (TTY: 1-888-781-4262).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-877-841-1478 (टिटिविड्: 1-888-781-4262) ।

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-841-1478 (TTY- Telefon za osobu sa oštećenim govorom ili sluhom: 1-888-781-4262).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያግዝዎት ተዘጋጅተዋል: ወደ ሚከተለው ቁጥር ይደውሉ 1-877-841-1478 (መስማት ለተሳናቸው: 1-888-781-4262).

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-877-841-1478 (TTY: 1-888-781-4262).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-841-1478 (TTY: 1-888-781-4262).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-841-1478 (TTY: 1-888-781-4262) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-841-1478 (телетайп: 1-888-781-4262).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-841-1478 (TTY: 1-888-781-4262).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-877-841-1478 (телетайп: 1-888-781-4262).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-841-1478 (ATS: 1-888-781-4262).

* Under Section 1557 of the Affordable Care Act (ACA), Delta Dental of South Dakota is required to post notices of nondiscrimination and taglines that alert individuals with limited English proficiency (LEP) to the availability of language assistance services.