

COVID-19 PANDEMIC EMERGENCY DENTAL TREATMENT NOTICE AND ACKNOWLEDGEMENT OF RISK FORM

This form is provided by MHS Mobile Dental and is currently required by the Mississippi State Board of Dental Examiners to be signed by every patient visiting any dental office in the state of Mississippi.

Our goal is to provide a safe environment for our patients and staff, and to advance the safety of our local community. This document provides information we ask you to acknowledge and understand regarding the COVID-19 virus.

The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. Our practice wants to ensure you are aware of the additional risks of contracting COVID-19 associated with dental care.

The COVID-19 virus has a long incubation period. You or your healthcare providers may have the virus and not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated due to limited availability for virus testing.

Due to the frequency and timing of visits by other dental patients, the characteristics of the virus, and the characteristics of dental procedures, there is an elevated risk of you contracting the virus simply by being in a dental office. Dental procedures create water spray which is one way the disease is spread. The ultra-fine nature of the water spray can linger in the air a long time, allowing for transmission of the COVID-19 virus to those nearby.

I confirm that I have read the Notice above and understand and accept that there is an increased risk of contracting the COVID-19 virus in the dental office or with dental treatment. I understand and accept the additional risk of contracting COVID-19 from contact at this office and also acknowledge that I could contract the COVID-19 virus from outside this office and unrelated to my visit here.

You cannot wear a protective mask over your mouth to prevent infection during treatment as your health care providers need access to your mouth to render care. This leaves you vulnerable to COVID-19 transmission while receiving dental treatment.



Mississippi's Premier Provider of School Based On-Site Preventative Dental Care Services

MHS MOBILE DENTAL * DENTAL SCREENING CONSENT FORM

Office Address: 1904 Lakeland Dr., Suite C, Jackson, MS 39216

Operations Director: 601-467-7890 * Office: 844-737-7331 * Web: www.mhsmobiledental.com * Fax: 877-737-7331

PLEASE COMPLETE & RETURN THIS FORM ON THE NEXT DAY OF SCHOOL

It is very important that children see a dentist on a regular basis to stay healthy and avoid toothaches, cavities, and other problems so that they are better prepared to learn. Your child will now have the opportunity to receive a **dental exam, cleaning, fluoride, and sealants** through this school-based mobile dental outreach program. MHS Mobile Dental will be setup at your child's school during the school year. The consent form is effective for the entire school year. After your child's visit, he/she will receive a walk-out statement to bring home that lists services performed and any additional information. If you have questions, please call one of the numbers listed above or visit mhsmobiledental.com. *A separate form is needed for each of your children.

* PATIENT INFORMATION

CHILD'S NAME _____ CHILD'S BIRTH DATE _____ GRADE _____

GENDER ___ M ___ F PHONE _____ TEACHER _____ SCHOOL _____

ADDRESS _____ CITY _____ ZIP _____

* INSURANCE INFORMATION (CHECK ONE)

_____ MEDICAID / MS CHIP / MS CAN (*ID Number _____)

_____ PRIVATE DENTAL INSURANCE (*Policy/ID Number _____ Group Number _____)

_____ UNINSURED

* HEALTH HISTORY INFORMATION

- Has your child ever had any serious health problems listed below: (Please check all that apply)
___ Diabetes ___ Asthma ___ Behavior Problems ___ Anemia ___ Sickle Cell
___ Other (Explain) _____
- Is your child allergic to any food or medication? If so, please list _____
- Is your child currently taking any medications? If so, please list _____
- Is your child allergic to? ___ Latex ___ Acrylic/Plastic
- Does your child have any dental pain? ___ Yes ___ No If Yes, how long _____
- If your child is currently seeing a dentist, list their name: _____ Date of last dental visit: _____

PARENT or LEGAL GUARDIAN MUST SIGN BEFORE CHILD CAN PARTICIPATE

By signing below, the parent or legal guardian is saying **YES**, I authorize a MS state licensed dentist with MHS Dental to provide my child a **dental exam, x-rays, cleaning, fluoride, sealants** at their school without my presence unless I withdraw consent. Dental care service is provided for children with Medicaid, CHIP, Private Insurance, or those with **no insurance coverage**. **Services are no out-of-pocket costs and are charged directly to Medicaid, MS CHIP, MS Can, or private insurance provider.** If your child already sees a dentist on a regular basis, the parent or guardian **should** continue to arrange dental care through that provider. The treatment of your child through this mobile dental clinic may affect insurance benefits (as with any dental office) as treatment services will be billed to your dental insurance provider.

> PLEASE SIGN HERE: _____ DATE: _____

> PRINT NAME: _____ RELATION TO CHILD: _____

** By signing I acknowledge that I have read and understand the Covid-19 statement on the reverse side. This statement is currently required by the state of Mississippi for any patient visiting a dental office in Mississippi.