



Hop on the bus

Geisinger

Geisinger's new mobile dental health unit is on the go.

Delivering a full spectrum of preventive and diagnostic dental health services for all children in pre-k through grade 12, directly to your school or center.

The Geisinger health and wellness team along with Geisinger public health dental hygiene practitioners (PHDHP) and dentists will be on the road in our new full-service unit.

- Dental exams
- X-rays
- Cleanings
- Fluoride treatments
- Sealants (protective covering applied to molars)
- Silver diamine fluoride (SDF) (slows progression of cavities)
- Home care education and nutrition resources (plus a toothbrush to bring home)

There is no cost for schools or facilities to participate. Services are available to all children.

Geisinger will submit the invoice to the child's insurance company. There will be no cost to the family. Our community focus is to improve oral health, educate children and parents, and to help them find them a permanent dental home. Children will also receive a sealed envelope including any concerns identified during the exam, plus oral health home care and nutrition resources and a complimentary toothbrush.

For information call 833-589-2194, Monday through Friday between 8 a.m. and 4:30 p.m. or email MobileDentalUnit@geisinger.edu.

Children will receive the following services:



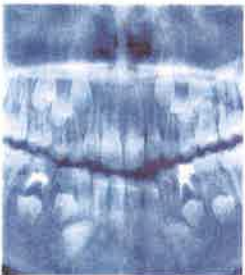
Dental exam

A professional exam will help to identify any oral health problems.



Fluoride treatment

Fluoride will be applied to all teeth to protect and reduce the risk of cavities.



X-ray

Necessary x-rays will help to identify any oral health problems.



Sealants

Dental sealants will be placed on the back molars to protect and reduce the risk of cavities creating a barrier between plaque and tooth enamel.



Cleaning

A licensed dental hygienist will provide a cleaning to your child's teeth and give oral hygiene instructions to help keep their teeth healthy.



Silver diamine fluoride (SDF)

Liquid SDF is applied on cavities to stop or slow the progression of decay.

Note: SDF blackens the decayed part of the tooth, leaving it discolored. Your dentist will need to monitor the cavity.

Take advantage of dental services for your children in pre-k through grade 12.

The Geisinger health and wellness team and the Geisinger public health dental hygiene practitioners (PHDHP) and dentists will offer preventative and diagnostic dental care in their new mobile unit. Their focus is to improve community oral health, provide resources and to help families find a permanent dental home.

Dental services are offered to all children

Children receiving Medicaid or who have no dental insurance: no cost.

Children with dental insurance: Geisinger will submit the invoice to the child's insurance company. There is no cost to the families for any services.

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Don't miss out, sign up today

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MOBILE DENTAL UNIT

- Geisinger Medical Center, Danville, PA 17822
 Geisinger _____
 Mobile Unit site _____

Name: _____
Med Record #: _____
Date of Birth: _____

Tooth decay is the most common chronic disease found in children, especially in rural Pennsylvania. Geisinger Pediatric Dental Preventive Mobile Care Program's focus is to provide your children with dental preventive services at a convenient location and to help lower their risk for developing tooth decay.

On the dental mobile unit, a state licensed dental professional will provide preventive dental services which may include: comprehensive dental exam, oral hygiene instructions, fluoride treatment, X-rays, dental cleanings, sealants & SDF (Silver Diamine Fluoride). A carbon copy of your child's dental visit and finding will be sent home with your child. If problems are noted during the examination, we urge you to take your child to the dentist of your choice as soon as possible. Please note we are NOT a dental home, we will not be providing follow-up care to your child, and it is important to establish a dental home for follow up care.

Child's legal name	Birth date	Gender
Address	City	State
		Zip
School	Teacher	Grade
Parent/Legal guardian	Contact number	

Health History

Medical Conditions: This may include heart issues, breathing problems, brain/ seizure disorders., allergies (including drug allergies), diabetes, bleeding problems, communicable disease, or immune disorders, etc. If yes please provide explanation, if NO leave BLANK _____

Current list of medication: _____
List Any Dental Concerns: _____

Dental Insurance

If your child has **Medicaid** dental insurance:

Ins. Company Name: _____ Group #: _____

If your child has **Private** dental insurance:

Ins. Company Name: _____ Group #: _____

Name of Insured Adult: _____ Birth Date of Insured Adult: _____

Does your Child have a Dental Home?

YES - Please provide dental office Name: _____ NO: _____

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MOBILE DENTAL UNIT

- Geisinger Medical Center, Danville, PA 17822
- Geisinger _____
- Mobile Unit site _____

Name: _____
 Med Record #: _____
 Date of Birth: _____

I understand and authorize Geisinger's affiliated dentists or dental hygienists to provide the following services for the named child for whom I am the custodial parent or legal guardian: comprehensive dental exam, oral hygiene instructions, fluoride treatment, X-rays, dental cleanings, sealants (dental sealants are thin plastic coatings placed over the chewing surfaces of back teeth to protect them from developing tooth decay) & SDF (Silver Diamine Fluoride—, a liquid substance used to help prevent tooth decay from forming, growing, or spreading to other teeth; SDF is made of silver that helps kill bacteria, however, it will discolor the cavity to a brown or black color). I have completed the health history portion to the best of my knowledge and will report and changes to my child's health to 570-452-7430

Parent/guardian signature: _____ Date: _____ Time: _____
 Print name of Parent/guardian: _____

I authorize & direct Geisinger Clinic to bill & collect payment from any Medicaid, insurance, or other payer. I authorize my child's school to make available to Geisinger Clinic and its billing agent my child's insurance information in order to bill payer for services. I understand that I will not be responsible for any out of pocket expense. Treatment by the in-school dentist may affect future benefits that your child may receive under private insurance, Medicaid or CHIP. I have received the Notice of Privacy Practices (NPP) attached to this form and consent to the release of my child's medical record information, including records obtained from other providers, and any HIV/AIDS, communicable disease, sexually transmitted disease, drug and alcohol, and anemia information.

I authorize release of such information by Geisinger to any responsible payor and/or administrative service provider and their subcontractors for use and disclosure relating to my child's treatment, payment for services and health care operation purposes. This signed consent authorizes my child's initial and future dental visits. I may withdraw this consent at any time in writing. I understand dental services are being given by healthcare professionals of Geisinger Clinic and/or its affiliates. I do hereby waive, release and forever discharge Geisinger Clinic and its affiliates, agents, employees, directors, heirs, assigns and insurers from all manner of claims and causes of action, with respect to any follow up care my child may require. I also understand the screening results may be used in the future for gathering information for scientific purposes, and I agree to this use. I have read this form in its entirety, and I understand what it says. I agree no doctor-patient relationship is meant to be formed, and my child's participation in this screening does not create a doctor-patient relationship. I have read the consent through its entirety, understand and agree to its terms, and acknowledge that all of my questions have been answered.

Parent/guardian signature: _____ Date: _____ Time: _____
 Print name of Parent/guardian: _____

Interpretation service used: _____ Language: _____
 Interpreter ID number: _____

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