May 2026

Dear Families,

We are pleased to share that Mainely Teeth will be continuing our partnership with your child/children's school for the 2026/27 school year in the fall and in the spring! Mainely Teeth will work closely with your child's school to determine the visit schedule. During these visits, our team will set up portable dental equipment on-site to provide the services listed below to students that are eligible and registered in advance.

- **Screenings** are a simple visual exam of the teeth and mouth.
- **Dental teeth cleanings** use a brush, polisher, and tools to remove plaque and tartar off the teeth.
- **Fluoride varnish** is easily applied with a small brush and research suggests it can reduce the risk of cavities by as much as 40%.
- **Sealants** are a thin coating placed on the chewing surface of the permanent/adult molar teeth. They "seal" out the bacteria and food that can cause cavities and there is very good evidence that they are one of the best ways to prevent tooth decay.
- **X-rays** are images captured that show us the presence of cavities inside the teeth that cannot be seen with the naked eye.
- **Glass ionomer temporary filling** is a protective material that can fill in holes caused by cavities, placement of this material helps prevent further breakdown and helps to manage pain.

The Registered Dental Hygienist providing care at your child's school will share information from your child's visit-including clinical findings and photos of their teeth-with the dentists at Mainely Teeth. Together, they will develop a care plan focused on keeping your child's smile as healthy as possible. This coordinated approach helps establish a dental home for your child.

* Your child is eligible to receive services if they have **not received routine, preventive dental care within the last six (6) months**. If your child already has a dentist or dental home that you wish to continue with, but you are still interested in school-based care through Mainely Teeth, please contact us at **(207) 987-7064** before signing up for additional information.

Most children's dental needs can be met during school visits. If additional treatment is necessary, Mainely Teeth will work with your family to schedule follow-up care. Mainely Teeth also operates a **mobile dental unit** and has office locations in **Portland and Windham**.

Insurance and Billing Information

- Dental insurance, including **MaineCare**, will be billed for services if your child is covered.
- If your child does not have dental insurance and you would still like them to receive care, Mainely Teeth will provide all indicated preventative services and follow up care may not be covered.
- Please ensure the **Insurance Verification Form** is fully completed.
- If we experience difficulty submitting a claim and are unable to verify insurance after **one attempted contact**, a bill for services rendered will be mailed to you.
- If the Insurance Verification Form is left blank, you will receive a bill for the services rendered.

To learn more about the mobile dental clinic or for additional questions, please contact **Mainely Teeth's Off-Site Administrative Staff** at **(207) 987-7064**.

To enroll your child, please complete the attached paperwork and return it to the school. Incomplete forms cannot be accepted and will delay the scheduling of the patient. We look forward to working with you to keep your child's smile happy and healthy!

Best,

Abby Payson, Director of Off-Site Operations

Shelby Bishop-Payson, Administrative Assistant

If you have questions, please contact:
Abby Payson, Director of Off-Site Operations
Shelby Bishop-Payson, Off-Site Administrative Assistant
Mainely Teeth ‖ 207.987.7064 ‖ Mobile@mainelyteeth.org

Child's Name: _____ Date of Birth: _____/_____/_____

School that child attends: _____ Gender: _____

Parent's Name: _____ Date of Birth:_____/_____/_____

Parent email: _____ Parent Phone #: (_____)_____-_____

Mailing Address:_____Town/State/ZIP:_____

Interpreter needed: ☐ Yes ☐ No Preferred Language: _____

Preferred Contact Method: ☐ Phone Call ☐ Text ☐ Email

Has your child been seen within the past 6 months for preventative care (cleaning) or do they have an appointment coming up with another provider? Yes_____ No_____ *If yes, then your child will not be seen with Mainely Teeth. If you have any questions please feel free to call us!*

Important: *Please initial any services that you **DO NOT want your child to receive**. For any services not initialed, service will be provided based on the child's needs.*

- I **DO NOT** want my child to receive **Fluoride Varnish** x_____
- I **DO NOT** want my child to have **Xrays** x_____
- I **DO NOT** want my child to have **sealants** placed x_____
- I **DO NOT** want my child to have **temporary restorations** completed x_____

MEDICAL HISTORY

Does your child take any **MEDICATIONS** (Prescription or Over The Counter)**?** ☐ Yes ☐ No IF **YES**, please list:

_____

Does your child have any **ALLERGIES?** ☐ Yes ☐ No If **YES**, please explain:

_____

Please check all that apply to your child currently OR in the past:

☐ AIDS/HIV	☐ ADHD	☐ Anemia or Blood Disorders	☐ Anxiety
☐ Asthma	☐ Autism	☐ Dental Phobia	☐ Depression
☐ Epilepsy, seizure or fainting	☐ Heart Troubles	☐ Hepatitis	☐ High Blood pressure
☐ Kidney/Bladder Problems	☐ Liver Problems	☐ Low Blood Pressure	☐ Prolonged Bleeding
☐ Sensitive Gag Reflex	☐ Tuberculosis	☐ Type 1 Diabetes	☐ Type 2 Diabetes

☐ Other: _____

Primary Care Office: _____ **Phone:** _____

Preferred Pharmacy:_____ **Town:** _____

Your child's information will be safeguarded according to Mainely Teeth's Privacy Policy (a copy is available at your request) and all applicable HIPAA laws.

Consent for Preventative Care at Community Site. I hereby give Mainely Teeth permission to treat my child. By signing below I acknowledge that Mainely Teeth will provide preventive care only at school-based appointments. As requested, we can establish care with a dentist employed by Mainely Teeth at our brick and mortar office for yearly routine comprehensive/periodic exams, and all other needed dental services; excluding orthodontic treatment, complex oral surgery, implants or veneer services. If we are unable to provide the treatment needed, patients will be given a specialist referral.

Guardian Signature X_____ **DATE:** _____

Teledentistry Patient Consent and Acknowledgement

I understand that teledentistry means that the dentist will not be physically present during my/my child's visit. As such, I understand that a full diagnosis may not be available at the time of or immediately following my appointment. I understand that I have virtual access to my/my child's dental records, but may have limited or asynchronous access to my dentist or provider after the time of service. I specifically consent to the taking or use of photographs, radiographs, and video recordings and the transmission of these images and video to provide telehealth dental services. I acknowledge that while my provider takes best-in-class information security measures, teledentistry requires the use of transmitting patient information over secure internet channels. I acknowledge that teledentistry may not be appropriate for all clinical situations, and before, during, or after my visit I may be referred to an outside dentist, provider or in-person medical or dental service.

The following providers listed are all providers who could potentially be involved in the patient's care via asynchronous teledentistry:

Dr. Nicole Pratt, DDS #DEN4500, Dr. Angela Hastings, D.M.D #DEN4517, Dr. Chad Phillips, D.M.D. #DEN4885, Kristyn Gordon, D.M.D #DEN5252, Dr. Laura Callan, DMD #DEN4852, Dr. John Scott Bernardy, D.D.S #DEN3439, Dr. Steven Mills, D.M.D #DEN3140, Dr Sarah Georgeson, DMD #DEN4949, Dr. Courtney Keough DMD, DEN5256, Amber Lombardi, IPDH #RDH4243, Kathleen Kersey, RDH #RDH4240, Alexandra Bazinet, RDH #RDH4199, Valia Sammarco, RDH #RDH4276, Kaitlyn Bean, RDH #RDH4368, Vanessa Valley, RDH #RDH4148, Nicole Skrzypek, IPDH, #RDH3930, Amanda Osmolski, RDH #RDH4513, Amanda Romero, RDH #RDH3874, Taijia Shone, RDH #RDH3736, Melissa Peltola, RDH #RDH4272

HIPAA Compliance and Privacy Policy:

The **Health Insurance Portability and Accountability Act (HIPAA**) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. There are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with dental and healthcare services. HIPAA provides certain rights and protections to you as the patient. Your provider balances these needs with the goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services. www.hhs.gov

Authorization for the Use and/or Disclosure of Healthcare Information As part of your healthcare, your provider may create and maintain records describing your health history, symptoms, examinations, test, diagnoses, treatment, or any plans for future care or treatment. Only as permitted or required by state and federal law, we may use your healthcare information to disclose, as may be necessary, your health information to other healthcare providers and healthcare entities (such as: referrals to or consultation with other healthcare professionals) or to others as may be required by law or court order concerning your treatment, payment and/or healthcare only with your permission. I understand and acknowledge the above statements as true and consent to my provider's treatment, teledentistry practices & HIPAA compliance and privacy practices.

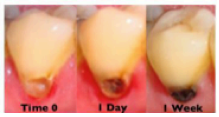
Guardian Signature X_____ **DATE:** _____

***(OPTIONAL)* Consent for Restorative treatment on Mainely Teeth's Mobile unit.** By signing below, you are consenting for your child to receive any restorative treatment as listed below including the use of Local Anesthesia. If your child is recommended to be seen on our Mobile Unit by a Dentist, you will also receive a call prior to the day that we will be at the school. Restorative treatment that can be completed on the mobile unit includes, but is not limited to: Protective restorations, sealants, SDF (see next page), traditional composite-resin fillings (tooth colored), stainless steel crowns. If extractions are recommended, you will be sent a consent form for that treatment.

Guardian Signature X_____ **DATE:** _____

Your child's information will be safeguarded according to Mainely Teeth's Privacy Policy (a copy is available at your request) and all applicable HIPAA laws.

Informed Consent for Silver Diamine Fluoride (SDF)

SDF photo → 

THE BENEFITS OF SDF:

- SDF is a liquid antibiotic that can help stop tooth decay and relieve tooth sensitivity.
- SDF can help prevent the need for fillings or other more invasive treatment on a tooth
- SDF is easy to use and does not hurt. There is no need to numb or drill teeth.

THE PROCEDURE:

- The affected area of the tooth is dried.
- A small amount of SDF is placed on the affected area and allowed to dry for 1 minute.
- There may be a metallic taste that will go away quickly.
- After application of SDF, no eating or drinking for one hour.

DO NOT USE SDF IF:

- THERE IS AN ALLERGY TO SILVER
- There are painful sores or raw areas on the gums or in the mouth.

RISKS RELATED TO SDF INCLUDE, BUT ARE NOT LIMITED TO:

- The affected area will stain gray to black permanently as shown in the photo. Healthy tooth structure will not stain, only the unhealthy area. This means the SDF is working.
- Tooth-colored fillings and crowns may discolor if SDF is applied to them. Normally this color change is temporary and can be polished off.
- If applied to the skin or gums, a brown stain may appear that causes no harm but will not immediately wash off. The stain will gradually disappear (within 1-3 weeks).
- SDF might not stop tooth decay and the decay process may progress. In that case the tooth will require further treatment such as repeat SDF, a filling, crown, root canal treatment, or extraction.

ALTERNATIVES TO SDF INCLUDE, BUT ARE NOT LIMITED TO:

- No treatment. May lead to worsening decay with continued deterioration of tooth structure, cosmetic appearance, and/or worsening symptoms.
- Depending on the location and extent of decay, other treatment may include placement of fluoride varnish, a filling, crown, extraction, or referral for advanced treatment.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT AND I HAVE HAD THE CHANCE TO HAVE ANY QUESTIONS ANSWERED.

I consent and authorize Mainely Teeth to use Silver Diamine Fluoride to help stop tooth decay.

Patient Name: _____

Guardian Signature x_____ **DATE:** _____

Your child's information will be safeguarded according to Mainely Teeth's Privacy Policy (a copy is available at your request) and all applicable HIPAA laws.

Patient Dental Insurance Verification

MaineCare: ☐

MaineCare number: _____

Private insurance: ☐

If you have private insurance, either include a copy of both the front and back of the insurance card OR send a photo of front and back of the card via text to 207-987-7064 or email photos to Mobile@mainelyteeth.org.

SUBSCRIBER'S Name: _____ DOB:_____

Subscribers Address: _____

Relationship to patient: □ Self □ Spouse □ Child □ Other Employer: _____

Please include all information. If we have an issue billing your insurance, we will reach out to you via phone, text or email. We may request more information if needed. If we are unable to get in touch with you, you will receive a bill in the mail.

My Child does not have dental Insurance: □

By signing below, I attest that my child does not have an active insurance policy. I understand that making a false certification may result in being discharged from Mainely Teeth Clinic and may subject me to civil or criminal prosecution under State and Federal Law.

X_____

(OPTIONAL) **Authorization for Release of Dental Information to Primary Care Provider office**

I authorize **Mainely Teeth** to release the following dental information to my Primary Care Provider (PCP) office:

- Dates of dental services provided
- Types of services rendered (such as exams, cleanings, fluoride treatment, sealants, x-rays, SDF (silver diamine fluoride), and temporary restorations)

This information may be released for the purpose of coordination of care and continuity of treatment.

PCP Office Name: _____

Patient Name: _____

Guardian Signature x_____ **DATE:** _____

Your child's information will be safeguarded according to Mainely Teeth's Privacy Policy (a copy is available at your request) and all applicable HIPAA laws.