

(MHS Mobile Dental) PATIENT "WALKOUT" / EMERGENCY FOLLOW-UP CARE STATEMENT

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It has been our pleasure to provide dental care to your child today. One of the following dentists along with his staff, including dental hygienists and dental assistants, has provided care to your child at his/her school.

MS Licensed Dentist:

___ Trey Jones, DMD

___ Tasia Poyadou, DMD

___ J. Felda Jones, DMD

___ Patrick Lamb, DMD

_____ (Other)

The MHS Mobile Dental program has gained a signed agreement that establishes a partnership with a local dentist that operates a dental facility that is permanently established in the area where services were provided to your child.

This partnership is an "Agreement for Treatment" to provide your child with any future **emergency or follow-up dental care** that he/she may need. The signed agreement between the two parties states that the local Dentist agrees to take your child, as a patient should any necessary dental care be needed.

In the event of any **emergency or follow-up dental care**, MHS Mobile Dental has included you with the referral Dentist's name, physical address, location (city), and telephone number. In the event that the MHS Dentist feels that your child may need additional care that is not being offered by this school-based dental program, you will be given the reason below. Contact the referral Dentist or the dentist of your choice immediately for any dental emergency or additional dental care.

If any further dental care is necessary, this form may be taken to your family dentist or to the provider listed below, who has volunteered to serve as a referral dentist for the students in your area.

Dentist Name or Clinic: _____

Address: _____

City: _____ **Zip:** _____ **Phone:** _____

Reason for Referral (If Necessary): _____

The services checked below were performed by MHS Mobile Dental on the date of: _____

___ Examination

___ Cleaning

___ X-ray

___ Fluoride Gel

___ Sealants (Number of Sealants ___)

*If your child does not require any follow up treatment, please schedule a visit for them with your family dentist or our referral dentist six months from the date of their visit with MHS Mobile Dental. This will ensure continued care, as well as, not interrupt any of the child's current dental benefits.