

Free Dental Visits

A free service available to all members

The Spaulding Academy & Family Services is proud to announce a new arrangement with Virtudent to provide free dental care to our members, whether or not they already have access to dental care or insurance coverage.



VIRTUDENT VISITS



1

We come to the Spaulding Academy & Family Services. Our hygienist performs a screening and takes x-rays & pictures



2

Your child then receives preventative care on-site and a diagnosis from a remote dentist



3

If additional treatment is needed, we refer to a qualified local dentist.

Virtudent will be bringing the dentist's office to the Spaulding Academy & Family Services (Spaulding). **This dental program is available to all members at no cost.** A New Hampshire licensed hygienist will be onsite to provide the following services for those who enroll:

- **All enrolled members:** will receive an oral health screening, a fluoride treatment, and oral hygiene instructions.
- **Most enrolled members:** will receive a dental cleaning, x-rays as needed, intraoral photographs and a review of their records within 72 hours through telemedicine by a NH licensed dentist.
- **Some enrolled members:** may receive sealants and/or other cavity preventing topicals if determined necessary. Some patients may also need to be scheduled for further dental treatment or specialty services and will be referred to a dental provider in your community. Referrals are dependent upon the extent of the dental disease as well as the behavior of the patient. Virtudent will refer your child to the dentist or clinic you select on this form.

Enrolled members will be seen while they are at the Spaulding. staff, or other personnel selected by Spaulding, will walk enrolled members to the treatment area. Parents/Guardians will receive a copy of the Virtudent treatment report by email. Virtudent will also send that same treatment report to the dentist or clinic you select on this form.

If you are interested in participating in this program, please return this form to the Spaulding Academy & Family Services Director at your earliest convenience. The Spaulding Academy & Family Services will forward this form to Virtudent on your behalf. We are thrilled to be able to provide this service to our members and encourage all families to take advantage of this great opportunity!

Patient Information

Your Child's Name _____ Date of Birth _____
 (First) (Last) (MM/DD/YYYY)

Parent or Legal Guardian Name _____
 (First) (Last)

Relationship to Child _____ Your Child's School _____

Home Address _____

Telephone (Home) _____ Telephone (Cell) _____

E-Mail Address* _____

It is important that you provide an e-mail address. Virtudent will send your child's treatment report to the e-mail address provided.

Please send Virtudent's Treatment Report to:

- Easter Seals Dental Center – Manchester, NH
 Saving People's Smiles Dental Center – Concord, NH

Spaulding Academy & Family Services / 72 Spaulding Road/ Northfield, NH 03276
 (603) 286-8901



877.487.4295 | info@myvirtudent.com

Your Child's Health History

Your Child's Dental Health History

Name of Physician:	Name of Dentist:
Is child taking any medicine:	Date of last dental visit:
If so, what?	Does child see a dentist regularly or for emergencies only?
Does child have any allergies? Check all that apply: <input type="checkbox"/> Antibiotics, <input type="checkbox"/> Colophonium, <input type="checkbox"/> Foods, <input type="checkbox"/> Latex, <input type="checkbox"/> Penicillin, <input type="checkbox"/> Resins, <input type="checkbox"/> Other:	Have you any concerns about your child's teeth
If so, to what?	Explain:
Does your child have a developmental disability? yes ___ no ___ If yes, explain:	Does your child need antibiotics before dental treatment? yes ___ no ___ If yes, explain:
Has your child ever had any of the following? Please check YES or NO for each condition:	Other medical or dental conditions in your child's history? Please explain:

PLEASE READ AND SIGN THIS INFORMED CONSENT

- **I GIVE PERMISSION** for my child to participate in the Virtudent Dental Program, provided at _____. This care WILL include a dental exam, x-rays, cleaning and fluoride treatment and MAY include sealants and other cavity preventing topicals, all performed by a Dental Hygienist. I understand that this consent will stay in effect for the upcoming school year (2019-2020).
- I have been given a copy of the Notice of Privacy Practices and Patient's Rights
- Informed consent indicates your awareness of sufficient information to allow you to make an informed personal choice concerning the patient's dental treatment. Most patients do not encounter any difficulties with their treatment. In rare instances, a patient may experience some discomfort or pain. If the patient indicates any resistance to the dental procedure, we will discontinue the treatment.
- The Tell-Show-Do technique is often used to gain the cooperation and confidence of the dental patient. The dental provider explains what they are going to do then shows what they are going to do with instruments on a model. The provider makes every effort to be a partner in care with the patient and family making the dental visit pleasant and informative.
- I also understand that Virtudent is providing me/my child preventative dental care and a telehealth dental screening, which is not a substitute for a comprehensive dental examination by a dentist. I specifically consent to the taking or use of photographs/radiographs and the transmission of these images to provide telehealth dental screening services.
- I understand that as the parent/guardian, it's my responsibility to notify Virtudent and/or _____ if there are any changes in my child's health information.
- I hereby authorize the use or disclosure of my child's identifiable health information to Virtudent and to the dentist or clinic identified on this form. Services provided during this visit, do not replace a regular examination by a dentist. However, an off-site New Hampshire licensed dentist will review all patient diagnostics in order to triage all patients. I also authorize _____ to review and forward the information included with this form to Virtudent; and for their personnel (who may include dental interns) to walk my child to the treatment areas and at the discretion of _____, be present while my child is being treated. I understand that these authorizations are voluntary and that I may revoke any authorization at any time by submitting my revocation in writing to the entity providing the information.
- This form, once submitted, will be scanned and sent to Virtudent. _____s will then destroy all hard copies. A copy of this form may be requested in electronic format from Virtudent.
- The information that is used or disclosed pursuant to this authorization may be re-disclosed by _____ to Virtudent and may not be protected. I have the right to request assurances from the above-named persons/organizations authorized to receive the information that they will not re-disclose the information to any other party without my further authorization.
- **I certify that I am the parent or legal guardian of the child identified on this form and that all information provided in this form is true to the best of my knowledge.**

Signature of Parent/Legal Guardian: X _____ Date: _____