Dental Hygiene Clinic at Dike-Newell School
Fall 2026 (last week of Sept.) and Spring 2027

Judi Jones BS RDH ~ 207.798.2352 ~ Dental hygiene ~ Public Health Authority

Students are seen in the fall and the spring. Contact us if you see a dentist or different dental hygienist!

Brighter Maine Smiles is a Public Health Dental Hygiene service providing preventative treatment ***in school for people who do not regularly see a dentist or need extra support***. It is recommended to have a complete exam with a dentist yearly.

MaineCare insurance is accepted. Include the MC ID number when you fill out the medical history and consent form on page 2. The cost for complete **services without insurance** is $65. Return payment with this form. We accept cash, checks payable to *Brighter Maine Smiles*. Financial aid is available by request. Health Insurance Portability & Accountability Act of 1996 (HIPAA): rules are followed for patient confidentiality and submitting billing.

The following is a list of services offered and will be provided as needed. You have the right to opt out of any services listed below by commenting on page 2.

1. **Oral Screening:** to triage any work needing to be done by a dentist or specialist. Review of medical history/consent. Referrals will be sent if appropriate. Treatment, findings and recommendations will be listed on the summary statement.
2. **Dental Prophylaxis:** a dental cleaning to prevent and reduce dental disease by removing plaque and tartar. Oral hygiene education is always included.
3. **Dental Sealants:** a thin layer of white, dental resin applied to the chewing surfaces of the premolars and molars. This can help keep cavity causing bacteria away.
4. **Fluoride Varnish:** a time-release fluoride applied to teeth to help prevent cavities and strengthen teeth.
5. **Silver Diamine Fluoride (SDF)**: Approved by the FDA in 2014, SDF is an antimicrobial liquid that can help slow and/or stop cavities. *The decayed area turns permanently black.* There is a risk SDF will not stop the cavity, further treatment is often needed. A dentist can put a white filling over SDF to restore the tooth. Brighter Maine Smiles uses SDF for cavities on back teeth. SDF is not used on front teeth. Occasionally SDF will be used for prevention in place of a sealant, good for one year. SDF *does not discolor healthy* teeth. Call with questions or concerns, or comment on page 2.
   Alternatives to treatment with SDF: Cavities rarely fix themselves, they only get bigger. With no treatment, symptoms can worsen, including pain and infection from the decay. If SDF is applied, restorations, extractions or referrals may still be needed. A complete exam with a dentist is recommended.

To register your child, turn the page over for printable copy or use the QR code to submit form electronically

SCAN ME

www.brightermainesmiles.com

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STUDENTS' SCHOOL* _____**GRADE*** ____**TEACHER*** _____

Name*_____

Date of Birth*_____Address*_____

MaineCare Insurance #*_____ Self Pay? Check here*_____

1. Primary Doctor and location*_____

2. Was fluoride put on the patients' teeth within the last three months? YES / NO*

3. Has the patient *seen a dentist or dental hygienist in the last year* YES / NO* For what? Fillings____Cleaning____XRays____

4. Name of Dentist or dental hygienist and date last

lseen*_____

**Does the patient have any allergies? Any SILVER allergies? YES / NO Explain: _____

**Is the patient under care of a cardiologist (heart doctor)? YES / NO Explain if yes_____

**Does the patient require an antibiotic before dental work? YES / NO Explain if yes _____

**List all medical conditions and medications that apply to the patient_____

Comments:_____

Permission Statement: By signing you acknowledge you have read the reverse side and agree to be seen for services listed unless noted above under comments. Relevant health information may be shared with the school nurse and community health providers as needed, including referrals and communication between the referred office and the school nurse.** I give permission for myself/my child to receive dental hygiene services by a Public Health Dental Hygienist. I understand services do not take the place of a complete, yearly exam with a dentist.

Signature*_____**Date***_____

Printed Name*_____**Telephone #***_____

Do not write below this line

Date_____Pack_____IOEO/RMH_____SCRN____PRO____FL2____OHI____PLQ/CALC/INFL_____PH__

CARIES/PATH_____

EMB SEAL_____

SDF/#TX_____

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Date_____Pack_____IOEO/RMH_____SCRN____PRO____FL2____OHI____PLQ/CALC/INFL_____PH__

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