



Lancaster Family Smiles
Specialized Dentistry with personalized care

Consent for Oral Screening

1305 N. Bluegrove Rd., Suite 103, Lancaster, TX 75134 Phone: 469-729-7707 www.lancasterfamilysmiles.com

Free oral screenings will be offered to children by Dr. Mahima Gupta from Lancaster Family Smiles. This screening is approximately 85-90% effective in detecting problems that can cause future oral hygiene issues. Participation is voluntary. No child will be screened without a signed and completed form. Please have each student needs his/her own consent form. If you have questions about the consent form, please contact:

Lancaster Family Smiles Ph:469-729-7707

Email: lancasterfamilysmiles@gmail.com

First Name: _____ Last Name: _____

Male: _____ Female: _____

DOB: _____ Age: _____

Parent/Guardian's Name: _____

I, _____ the undersigned, hereby give permission for my child, to participate in the screening event. I understand the following regarding this program:

1. The information obtained from this screening is preliminary only and does not constitute a diagnosis of oral problems.
2. There is no charge to participate in the screenings.

Recommendations:

- X-Ray to determine treatment
- Treatment for Cavities/ Decalcification/Fillings/Etc.
- Sealants, Fluoride, Cleaning
- Nutritional Counseling
- ___ Brush & Floss 2X daily/brush at gum line
- Treatment

Categorization/Priority:

- ___ Child needs immediate attention
- ___ Child needs attention soon
- ___ Child needs routine care
- ___ Other _____