

APPLICATION FOR DENTAL CARE ASSISTANCE

**Fish For Teeth
San Juan Island Dental Van
Medical Teams International**

Patient's Name: _____

Patient's Birth Date: _____ School/Employer: _____

Parent or Guardian (if patient is a minor): _____

Address (mailing and physical, if different): _____

Best contact number: _____ Alt. contact number: _____

Email: (if preferred method of contact) _____

Do you have dental insurance? YES NO

Do you have any missing or broken teeth? YES NO
If yes, please describe how many and how long ago?

Do you have any pain in your mouth? YES NO

Do you have any swelling in your mouth? YES NO

Please describe any pain, swelling or decay you have (i.e. where is this located, **how long have you had this** and what have you done for relief). General description of dental needs:

Are you experiencing any sensitivity? Please describe. YES NO

Last time you had your teeth cleaned? _____

Last time you saw a dentist? _____

Are you currently receiving dental care or treatment? _____

Dentist: _____ Phone: _____

Permission granted to contact Dentist: _____

Signature of Patient, Parent or Guardian

Date

Health issues or concerns: _____

Do you need any special services? (i.e. translation) _____

Preferred day/time (are there any limitations to when you can be scheduled? i.e. work on Saturdays, etc).
Clinics run from 8-3 and we cannot guarantee that we can accommodate scheduling requests.

ACKNOWLEDGMENT OF FINANCIAL HARDSHIP

I understand the dental services offered today are for those who cannot otherwise afford dental care. I attest that the financial hardship of paying for such services would prevent me from receiving them. I further attest I have no discretionary income, no dental insurance, and no other financial means to pay for dental services at this time.

Signature: _____ Date: _____

OFFICE USE ONLY:

Date Application received: _____

Priority: I - PAIN/INFECTION
 II - DECAY
 III - PROPHY FMD

Scheduled clinic date: _____

Follow up care required: _____

Contacted patient (date and initials): _____

