

# မဲအတံသမံသမိးမကွါ,တံဖုနူဖလီရဲးကသံနဲလတလိနဲ ဟ့နဲအပူတံရဲနဲတံကွါအတံပျဲအလံဖီတံ



မဲအတံသမံသမိးမကွါဒီးတံဖုလီဖလီရဲးကသံနဲအတံမကွါအတံဖဲတံမလတလိနဲဟ့နဲအပူ  
နဲတံဟ့နဲလီအီဖဲနဲဖဲအကွါနဲလီ.တံဖုလီဖလီရဲးကသံနဲအံမကွါတံကွါတံလီအညီဒီးအချတံလီတံကဒိသမဲဒ်သိး  
အပူသုတအိတံဂုအကီလီ.တံသမံသမိးမကွါဒီးတံဖုလီဖလီရဲးကသံနဲနဲတံတံမအီဒီဖျဲပျဲကွါထွဲကဟကယံတံစဲနီတဖှဲလ  
အထီတံးတနဲလံ့ဘျီနဲလီ.

ဖိသဲအမံ- \_\_\_\_\_  
 \_\_\_\_\_ (အကတံ) \_\_\_\_\_ (အဒိတံး)  
 \_\_\_\_\_ (မဲလတံဘဲသ့ဘဲသး)  
 ဖိသဲအိတံဖျဲနဲနဲမံသီ(လီ,သီ,နဲနဲ): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ တံကဲမုနဲကဲခါ- ပိနဲ ပိမုနဲ

**တံသမံသမိးမကွါမဲ-တံကွါနဲအချတံလီကီယံပူလတံကသမံသမိးမဲအတံအိတံဆုနဲအိတံခါညါနဲလီ**

မုနဲ တမုနဲ  
**တံဖုလီဖလီရဲးကသံနဲတံဖုလီအီလဲအလီလတံကဒိသမဲအပူတဖှဲ**  
မုနဲ တမုနဲ

**မုနဲမံတမိ,ဝံသးဂူမပုဒီးဆဲးလီမဲလဲလံတကွါ.**

တံဆဲးကျိးအဂါအကျိး	
မိပံ,ပျဲကွါထွဲကဟကယံတံ-	
လီတဲအနီဂံအဂုကတံတခါလတံဆဲးကျိးနဲ-	တံပျဲလတံကဆုနဲနဲလီတံကစီ- <input type="checkbox"/> မုနဲ <input type="checkbox"/> တမုနဲ
အံမုနဲနီဂံ-	
တံဆုလံပဂုအနီဂံ-	

**ဝံသးဂူဟ့ဘဲတံဂုတံကွါလဲလံမုနဲဒ်သိးပကမနဲတံလဲနဲဖဲအကီဂုနဲအလီကသုနဲတကွါ-**

ယမိအံအီ,သုစဲတံကသံနဲဖိ(ကသံနဲဖိတဖှဲအစရဲ)	တအိနီတမံ- <input type="checkbox"/>
ယမိအံအသ့တံမိးဒီး-	တအိနီတမံ- <input type="checkbox"/>
ကတီအံတံဆုးတံဆါအတံဂုကီလဲအအိတံမံလံလံ-	တအိနီတမံ- <input type="checkbox"/>
တံဂုတံကွါအဂုလဲလံကမပုဒ်သိးပကမနဲဂုနဲအလီ-	တအိနီတမံ- <input type="checkbox"/>

**ဝံသးဂူမပုတံနီဖဲလဲလံအံတကွါ.နတမိနဲတံယုအလဲတခါဘဲ.**

တံအိတံဆုနဲအတံအုကီ- <input type="checkbox"/> Oregonတံအိတံဆုနဲအတံအုကီ (OHP) / Medicaid ID# _____ <input type="checkbox"/> ကရတံဘဲယးဒီးပဒိမဲအတံအုကီအိပနဲ _____ <input type="checkbox"/> တံအိတံဆုနဲအတံအုကီတအိတံဘဲ	တံမကွါအတံဖဲတံမတဖှဲအံ <b>အပူတအိတံဘဲ</b>
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ဒီဖီတံဆဲးလီမဲလဲလံအယံ-  
 ဒ်မိပံ,ပျဲကွါထွဲကဟကယံတံလဲအမိးသဲစးအသိး,ယဟ့တံပျဲလတံကပျဲလီဒီးနီဟ့လီသးတံဂုတံကွါ,ဟဲယုနီတကအတံအိတံဆုနဲအိတံခါညါအတံဂုတံကွါလဲအဘဲ  
 ထွဲဘဲယးလဲအမုနဲမဲအတံဖဲတံမတဖှဲလဲဟ့အီ,လဲအပူမတံဖိ,နုဒိအမေအပူမတံဖိ,နုဒိအခါအညါကီအကီရဲမုတမု ESD,ပူလဲအစိတံအုကီတံ  
 ဖှဲ,ဖိသဲအမဲကသံနဲသရဲ,ပျဲရဲနဲကျဲမပူတံကွါထွဲကဟကယံအတံကရကရီလဲအဘဲထွဲ (Coordinated Care Organization)ဒီး,မုတမုမဲအတံကွါထွဲကဟက  
 ယံအတံကရကရီ(Dental Care Organization)လဲတံကွါနဲဘဲယးပဒိတဖှဲအဘဲစ့နဲလီ.ယဒီးနဲဘဲတံလဲ "တံအိတံသဒိနဲအိတံသးအတံဟံးဖိဖဲမဲအကွါ  
 အကွါတဖှဲ" အလံအိတံဘဲနဲလီ.တံအိတံသဒိနဲအိတံသးအတံဟံးဖိဖဲမဲအကွါအကွါတဖှဲလဲအအိတံစဲလဲ Dental3 အပူယံဘျဲးစဲ  
<http://dental3.net/forms/>. ယနံပံတံကီလဲအတံအိတံဆုနဲအိတံမုတမုပျဲကွါထွဲပျဲအုအကီဖဲနဲဘဲတံဟံးစုနဲကျဲအီဘျဲးဘျဲးတံတံဒီဖျဲမဲအပူစဲနီ  
 လဲအအိဒီးလဲစုနဲဘဲတံဘဲကဟ့တံကွါယါဘျီနဲလီ.

မိပံ,ပျဲကွါထွဲကဟကယံတံစုဆဲးပနဲ- \_\_\_\_\_ မုနဲ- \_\_\_\_\_

# Free Dental Screening/Fluoride Varnish Program Permission Slip



Free dental screenings and fluoride varnish services are now offered at your child's school. Fluoride varnish is a quick and easy way to protect teeth from cavities. The screening and fluoride varnish are done by dental care professionals up to four times a year.

Name of Child: _____		
(Last)	(First)	(Preferred Name)
Child's Date of Birth (mm/dd/yy): _____ / _____ / _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

**Dental Screening: a quick look inside the mouth to check the overall health of teeth**

YES  NO

**Fluoride Varnish: applied to teeth to prevent cavities**

YES  NO

**If Yes, Please Complete and Sign Below:**

Contact Information	
Parent/Guardian: _____	
Best phone number to reach you: _____	Permission to Text: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email address: _____	
Mailing address: _____	

**Please provide the following information so we can better serve your child:**

My child is taking (list medications): _____	None: <input type="checkbox"/>
My child is allergic to: _____	None: <input type="checkbox"/>
Any current medical problems: _____	None: <input type="checkbox"/>
Other information to help us better serve your child: _____	None: <input type="checkbox"/>

**Please complete the section below. You will not receive a bill.**

Health Insurance: <input type="checkbox"/> Oregon Health Plan (OHP) / Medicaid ID# _____ <input type="checkbox"/> Private dental insurance company _____ <input type="checkbox"/> No health insurance	<b>These services are FREE!</b>
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By signing below you:

As the legal parent/guardian, I hereby consent to the release and exchange of information, including any relevant personal health information regarding the services provided, between the dental staff, Head Start staff, your child's future school district or ESD, insurance carriers, the child's dentist, applicable Coordinated Care Organization, and/or the Dental Care Organization of record. I have received a copy of "Notices of Privacy Practices." Privacy Practices are available on the Dental3 website <http://dental3.net/forms/>. I also understand a dental hygiene or nursing student closely supervised by a licensed dental professional may provide treatment.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_