



# တၢ်ဖူန့ၢ်ဖလီၣ်ရဲးမဲကသံၣ်အဆူၣ်အချ့အဂီၢ်

ဝံသးစူးဆူကဒါက့ၢ်တၢ်ဟ့ၣ်တၢ်ပျဲလၢတၢ်ဆဲးလီၤယၢ်မံၤအလံာ်က့ၢ်လၢတၢ်ကသုဝဲဒၣ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤလၢအကလီတခါအံၤတက့ၢ်.

တၢ်ဖူန့ၢ်ဖလီၣ်ရဲးမဲကသံၣ်ဒီးမဲတၢ်က့ၢ်သမံသမိးအတၢ်မၤလၢတလိာ်ဟ့ၣ်အပူၤတဖၣ်တၢ်ဟ့ၣ်အီၤလၢနဖိအကိၣ်န့ၣ်လီၤ. မဲအတၢ်သမံသမိးမၤက့ၢ်မ့ၢ်တၢ်က့ၢ်န့ၢ်တၢ်အချ့တခါလၢနဖိအကိၣ်ပူၤလၢတၢ်က့ၢ်အမဲဒိတခါအတၢ်အိၣ်ဆူၣ်အိၣ်ချ့န့ၣ်လီၤ.တၢ်ဖူန့ၢ်ဖလီၣ်ရဲးမဲကသံၣ်န့ၣ်မ့ၢ်တၢ်ဒိသဒါကးဘၢန့ၢ်ဝဲဒၣ်မဲတဖၣ်န့ၣ်လီၤ.

လၢတၢ်ဂ့ၢ်တၢ်ကျိၤဆူညါအဂီၢ်,ဝံသးစူးကိးဘၣ်ပုၤဝဲ ၅၀၃-၅၂၁-၇၁၆၆တက့ၢ်

တၢ်လၢနလိာ်သ့ၣ်ညါ-

- ☺ တၢ်ဖူန့ၢ်ဖလီၣ်ရဲးမဲကသံၣ်န့ၣ်မ့ၢ်တၢ်လၢအပူၤဖျဲးဒီးအချ့တခါလၢတၢ်ကဒိသဒါမဲဒ်သိးအပူၤတအိၣ်တဂ့ၢ်အဂီၢ်လီၤ.
- ☺ တၢ်ဖူန့ၢ်ဖလီၣ်ရဲးမဲကသံၣ်န့ၣ်တမၤဘၣ်ဒိတၢ်ဘၣ်
- ☺ တၢ်သမံသမိးမၤက့ၢ်ဒီးတၢ်ဖူန့ၢ်ဖလီၣ်ရဲးမဲကသံၣ်န့ၣ်ဘၣ်တၢ်မၤအီၤခိဖျိမဲအပူၤက့ၢ်ထွဲတၢ်စဲၣ်နီၤတဖၣ်န့ၣ်လီၤ

ပာ်ယၢ်တၢ်နံၤကမ့ၢ်လၢအဆူၣ်အချ့တခါတက့ၢ်

- ☺ ထူးမဲဒီးမၤကဆဲကဆိမဲကဆူးတဖၣ်ကိးနံၤဒဲးတက့ၢ်
- ☺ သူဘၣ်ဖလီၣ်ရဲးကသံၣ်ထူးမဲလၢအထဲသိးဒီးဟုသးတဖျၢၣ်တက့ၢ်
- ☺ ယုထၢကိၣ်ဖိနီဖိလၢအဆူၣ်အချ့လၢအဒိမ့ၢ်ဒ်သိးတၢ်လူတၢ်သၣ်ဒီးတၢ်ဒိးတၢ်လၢတဖၣ်တက့ၢ်
- ☺ ကျဲးစးအိထံလၢတၢ်လူတၢ်သၣ်ထံအလီၢ်တက့ၢ်
- ☺ ဖိသၣ်ဆံးအခါမဲလၢအဆူၣ်အချ့န့ၣ်ကမၤစၢၤဒိသဒါမဲအတၢ်ကိတၢ်ခဲဖဲဒိတုၣ်ခိၣ်ပျဲအခါလီၤ
- ☺ ထံၣ်လိာ်ဘၣ်နသးဒီးမဲကသံၣ်သရၣ်အစ့ၤကတၢ်တနံၣ်တဘျီတက့ၢ်





# Fluoride Varnish for Healthy Teeth

**Please return a signed permission slip to use this free service.**

Free fluoride varnish and dental screenings are offered at your child's school. A dental screening is a quick look inside your child's mouth to check the overall health of their teeth. Fluoride varnish is a protective coating brushed on the teeth.

For more information,  
please call us at  
503-521-7166.

What you need to know:

- ☺ Fluoride varnish is a safe and quick way to protect teeth from cavities
- ☺ Fluoride varnish does not hurt
- ☺ Screenings and fluoride varnish are done by dental care professionals

## Keeping A Healthy Smile

- ☺ Brush and floss every day
- ☺ Use fluoride toothpaste the size of a grain of rice
- ☺ Choose healthy snacks such as fruits and vegetables
- ☺ Try drinking water over juice
- ☺ Healthy baby teeth will help prevent problems in adult teeth
- ☺ See a dentist at least once a year



# မဲအတတ်သမံသမိးမကွါ,တတ်ဖူန့ဖလီရဲးကသံဉ်လတ်လိဉ်ဟ့ဉ်အပူတတ်ရဲဉ်တတ်ကျဲအတတ်ပျဲအလံဉ်ဖိုတ်ဉ်



မဲအတတ်သမံသမိးမကွါဒီးတတ်ဖူလီဖလီရဲးကသံဉ်အတတ်မကွါအတတ်ဖဲတတ်မလတ်လိဉ်ဟ့ဉ်အပူန့ဉ်တတ်ဟ့ဉ်လီအိဖဲနဖိအကွီန့ဉ်လီ.တတ်ဖူလီဖလီရဲးကသံဉ်အံမ့တတ်ကျဲကျဲတတ်လီအညိဒီးအခွတ်တတ်လတ်ကဒိသဒါမဲဒ်သိးအပူသုတအိဉ်တဂုအဂီလီ.တတ်သမံသမိးမကွါဒီးတတ်ဖူလီဖလီရဲးကသံဉ်န့ဉ်ဘဉ်တတ်မအိဒိဖိုမဲပျဲပျဲကျဲထွဲကဟ့ကယတ်တတ်ဖဲဉ်နီတဖဉ်လါအထီဉ်ဘးတနံဉ်လံဉ်ဘျီန့ဉ်လီ.

ဖိသဉ်အမံ- \_\_\_\_\_ (အကတါ) (အခိဉ်ထံး)  
 (မံလတ်ဘဉ်သ့ဉ်ဘဉ်သး)

ဖိသဉ်အိဉ်ဖျဲဉ်ဖျဲဉ်မုနံမုနံသိ(လါ,သိ,နံဉ်): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ တတ်ကဲမုဉ်ကဲခွါ- ပိဉ်ခွါ ပိဉ်မုဉ်

တတ်သမံသမိးမကွါမဲ-တတ်ကွါန့ဉ်အခွတ်ခါလါကိဉ်ပူလတ်ကသမံသမိးမဲအတတ်အိဉ်ဆူဉ်အိဉ်ခွဲတခါညါန့ဉ်လီ

မုဉ် တမုဉ်

တတ်ဖူလီဖလီရဲးကသံဉ်တတ်ဖူလီအိလါမဲအလီလတ်ကဒိသဒါမဲအပူတဖဉ်

မုဉ် တမုဉ်

မုဉ်မုဉ်တမိ,ဝံသးဂူမပုဒီးဆဲးလီမံလတ်လါတကွါ.

တတ်ဆဲးကျိးအဂုအကျိး	
မိဉ်ပံ,ပုကျဲထွဲကဟ့ကယတ်တတ်-	
လိတ်စိအနီဉ်ဂံအဂုကတတ်ခါလတ်ဆဲးကျိးနု-	တတ်ပျဲလတ်ကဆူန့ဉ်နုလီတတ်ကစိဉ်- <input type="checkbox"/> မုဉ် <input type="checkbox"/> တမုဉ်
အံမုလ်နီဉ်ဂံ-	
တတ်ဆူလံဉ်ပဂုအနီဉ်ဂံ-	

ဝံသးဂူဟ့ဉ်ဘဉ်တတ်ဂုတတ်ကျိးလတ်မုဉ်ဒ်သိးပကမန့ဉ်တတ်လါနဖိအဂီဂုန့ဉ်အလီကသ့န့ဉ်တကွါ-

ယဖိအံအိ,သုဝဲဒဉ်ကသံဉ်ဖိဉ်(ကသံဉ်ဖိဉ်တဖဉ်အစရိ)	တအိဉ်နီတမံ- <input type="checkbox"/>
ယဖိအံအသ့ဉ်တဖိးဒီး-	တအိဉ်နီတမံ- <input type="checkbox"/>
ကတီအံတတ်ဆူးတတ်ဆါအတတ်ဂုကိလါအအိဉ်တမံလတ်လတ်-	တအိဉ်နီတမံ- <input type="checkbox"/>
တတ်ဂုတတ်ကျိးအဂုလတ်ကမကပုဒ်သိးပကမန့ဉ်ဂုန့ဉ်အလီ-	တအိဉ်နီတမံ- <input type="checkbox"/>

ဝံသးဂူမပုဒီးတတ်နီဖးလတ်အံတကွါ.နတဒီးန့ဉ်တတ်ယုအလဲတခါဘဉ်.

တတ်အိဉ်ဆူဉ်အိဉ်ခွဲအတတ်အုဉ်ကီ- <input type="checkbox"/> Oregonတတ်အိဉ်ဆူဉ်အိဉ်ခွဲအတတ်ရဲဉ်တတ်ကျဲ (OHP) / Medicaid ID# _____ <input type="checkbox"/> ကရုတဘဉ်ယးဒီးပဒိဉ်မဲအတတ်အုဉ်ကီအခိပနံဉ် _____ <input type="checkbox"/> တတ်အိဉ်ဆူဉ်အိဉ်ခွဲအတတ်အုဉ်ကီတအိဉ်ဘဉ်	တတ်မကွါအတတ်ဖဲတတ်မတဖဉ်အံ အပူတအိဉ်ဘဉ်
ဒိဖိုတ်ဆဲးလီမံလတ်လါအယိ- ဒ်မိဉ်ပံ,ပုကျဲထွဲကဟ့ကယတ်တတ်လါအမိးသဲစးအသိး,ယဟ့ဉ်တတ်ပျဲလတ်ကပျဲလီဒီးနီဟ့ဉ်လိဉ်သးတတ်ဂုတတ်ကျိး,ဟံဃုဉ်နီတဂုအတတ်အိဉ်ဆူဉ်အိဉ်ခွဲအတတ်ဂုတတ်ကျိးလါအဘဉ်ထွဲဘဉ်ယးလါအမုဉ်မကွါအတတ်ဖဲတတ်မတဖဉ်လတ်ဟ့ဉ်အိ,လါမဲအပူမတတ်ဖိ,နုဒိအမေအအပူမတတ်ဖိ,နဖိအခါအညါကျိအကီရဲဉ်မုတမုဉ် ESD,ပုလါအစိတ်တတ်အုဉ်ကီတဖဉ်,ဖိသဉ်အမဲကသံဉ်သရဲဉ်,ပုရဲဉ်ကျဲမပုတတ်ကျဲထွဲကဟ့ကယတ်အတတ်ကရုကရိလါအဘဉ်ထွဲ (Coordinated Care Organization)ဒီး,မုတမုဉ်မဲအတတ်ကျဲထွဲကဟ့ကယတ်အတတ်ကရုကရိ(Dental Care Organization)လတ်ကွဲနီဉ်ဘဉ်ယးဝဲဒဉ်တဖဉ်အဘဉ်စုန့ဉ်လီ.ယဒီးန့ဉ်ဘဉ်တတ်လဲ "တတ်အိဉ်သဒိဉ်အိဉ်သဒါအတတ်ပံးဖိဉ်ဖဲမဲအကျိးအကွတ်တဖဉ်" အလံဉ်အခိတဘဉ်န့ဉ်လီ.တတ်အိဉ်သဒိဉ်အိဉ်သဒါအတတ်ပံးဖိဉ်ဖဲမဲအကျိးအကွတ်တဖဉ်လါအအိဉ်ဝဲဒဉ်လါ Dental3 အပုဉ်ယဲဘျးစ <a href="http://dental3.net/forms/">http://dental3.net/forms/</a> . ယနံဉ်ပံဉ်မုဉ်ကိးလါမဲအတတ်အိဉ်ဆူဉ်အိဉ်ခွဲအတတ်ပျဲပျဲပျဲထွဲကဟ့ကယတ်အကွီဖိန့ဉ်ဘဉ်တတ်ပံးစုန့ဉ်ကျဲအိဘျးဘျးတတ်တံဉ်ဒိဖိုမဲအပူဖဲဉ်နီလါအအိဉ်ဒီးလဲးစုဉ်န့ဉ်ဘဉ်တဘဉ်ကဟ့တတ်ကုစါယါဘျီန့ဉ်လီ.	
မိဉ်ပံ,ပုကျဲထွဲကဟ့ကယတ်တတ်စုဆဲးပနံဉ်-	မုဉ်နံ- _____

# 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	These services are <b>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:** \_\_\_\_\_





## SUMMARY OF NOTICE OF PRIVACY PRACTICES

The confidentiality of your protected health information, also called your medical record, is a high priority at Dental 3. There are a number of reasons we may need to use this information or disclose it to others. This Notice of Privacy Practices is provided to inform you of the ways we can use and release information from your medical record. THIS PAGE IS NOT THE FULL NOTICE OF PRIVACY PRACTICES. The full notice is available upon request. In addition to our longstanding commitment to protecting your information, there are certain obligations we have under federal law. One of those obligations is to provide you with this Notice.

### THINGS EXPLAINED IN THE FULL NOTICE OF PRIVACY PRACTICES

- **How we may use and share your health information without your permission to:**
  - Provide treatment to you
  - Get paid for the services we provide to you
  - Make reports to federal, state, and local agencies and others when the law requires such reporting
  - Make reports or share information for public health, safety, and/or research purposes.
- **How we can share your information without your permission, but only if we give you a chance to object:**
  - To share information about you to family, friends, or others involved in your care for payment for the services you receive
  - To share information in case of a disaster to let your family and friends know where you are and your general condition
- **How we can use and share your medical information only with your permission for disclosures other than those described above.**
- **Your legal rights under federal privacy laws include your right to:**
  - Ask to see and copy your medical information
  - Ask that incorrect or incomplete information in your medical information be corrected
  - Ask for a list of the places we have sent your information unless it was sent with your permission, for payment, treatment, or health care operations
  - Ask that we limit the information we use or share for treatment, payment, or healthcare operations, or the information we share with family members or others involved in your care. We are not required to agree to your request
  - Ask that we communicate with you in a confidential manner
  - Ask for a paper copy of the Notice of Privacy Practices at any time
  - Be notified in the event of a breach of unsecured, protected health information
  - File a complaint if you think your privacy rights have been violated
  - Pay out of pocket in full for a healthcare item or service and restrict disclosure of that particular item or service to your health plan provider