



November 25, 2025

Dear Families,


We are pleased to inform you that Acton Elementary School will continue their partnership with Mainely Teeth, to provide dental services for our students. During the school days on **TUESDAY, DECEMBER 9th AND WEDNESDAY DECEMBER 10th** a Mainely Teeth hygienist/hygienists will spend two days at our school. They bring along their portable dental equipment which enables them to provide routine dental screenings, preventive services and simple dental treatments to students who are eligible and have registered ahead of time. Mainely teeth will provide these services to your child once, possibly twice, during the school year. If you would like your child to receive routine preventative care every 6 months, please call (207)808-9498 or the school nurse to schedule an appointment at our office located at 117 Auburn Street, Portland, ME 04103.

The hygienist providing services will share information gathered at your child's appointment, including their findings and photos of your child's teeth, with the dentists at Mainely Teeth. They will work together to make a plan that will keep your child's teeth as healthy as possible. This means your child will have a dental home. **Your child is eligible to receive this service if they have not received routine, preventive dental care in the last 6 months. If you already have a dentist/dental home for your child and would like to continue seeing this provider, but are still interested in having your child seen at school by Mainely Teeth, please contact Mainely Teeth (207)808-9498 or the school nurse for further information before registering. Most children's dental needs can be met at these school visits, but Mainely Teeth will work with your family to schedule further treatments if necessary.**

Dental insurance, including MaineCare, will be billed for this service if it applies. If your child does not have dental insurance and you would like your child to receive care, Mainely Teeth will still provide all services indicated. **Please be sure the Insurance Verification Form is fully completed. If Mainely Teeth is having issues submitting a claim and is unable to verify your child's insurance with you after 1 attempted contact, you will receive a bill in the mail for the services rendered. If the Insurance Verification Form is left blank, you will receive a bill for the services rendered.**

To learn more about the details of the mobile dental clinic, and how to sign up, please read the "Frequently Asked Questions" attached. Feel free to contact your school nurse if you have any additional questions about this information. We look forward to working with you to keep your child's smile happy and healthy!

Best,


Carol M. Wendel, BSN, RN, NCSN



Child's Name: _____ Date of Birth: ____/____/____

first

last

School that child attends: _____

Parent's Name: _____ Date of Birth: ____/____/____

first

last

Parent email: _____ Parent Phone #: (____) _____ - _____

Mailing Address: _____ Town/State/ZIP: _____

Dear Parent/guardian(s):

Mainely Teeth will be visiting your child's school to offer **dental screenings, teeth cleanings, x-rays, fluoride varnish application, dental sealants, Silver Diamine Fluoride application and Glass Ionomer temporary fillings** (see attached permission form).

- **Screenings** are a simple visual exam of the teeth and mouth.
- **Dental teeth cleanings** use a brush, polisher, and tools to remove plaque and tartar off the teeth!
- **Fluoride varnish** is easily applied with a small brush and research suggests it can reduce the risk of cavities by as much as 40%.
- **Sealants** are a thin coating placed on the chewing surface of the permanent/adult molar teeth. They "seal" out the bacteria and food that can cause cavities and there is very good evidence that they are one of the best ways to prevent tooth decay.
- **Silver Diamine Fluoride** is a topical medication used to treat and prevent dental caries and relieve dentinal hypersensitivity (*see next page for more info*) **Glass Ionomer temporary fillings** are a filling-like material placed on areas of suspected cavities. This material releases fluoride into the tooth and helps to strengthen surfaces while providing a protective coating. This is a temporary filling with NO drilling or numbing needed and can prevent your child from needing more invasive treatment.

Yes, I give permission for my child to have all of the initialed services below:

Service	Initial Below
Dental Screening	X
Dental Cleaning	X
Dental XRAYs	X
Fluoride Varnish	X
Sealants (as needed)	X
Glass Ionomer Temporary Fillings (as needed)	X

Does your child have a regular dentist that they have seen within the past 6 months? YES _____ NO _____

Does your child have any **ALLERGIES**? Yes _____ No _____

If **YES**, please explain:

Does your child have any **MEDICAL CONDITIONS**? Yes _____ No _____

If **YES**, please explain:

Does your child take any **MEDICATIONS** (Prescription or Over The Counter)?

Yes _____ No _____ IF **YES**, please list:

Consent for Restorative treatment on Mainely Teeth's Mobile unit. By signing below, you are consenting for your child to receive any restorative treatment as listed below including the use of Local Anesthesia. If your child is recommended to be seen on our Mobile Unit by a Dentist, you will also receive a call prior to the day that we will be at the school. Restorative treatment that can be completed on the mobile unit includes, but is not limited to: Protective restorations, sealants, SDF (see next page), traditional composite-resin fillings (tooth colored), stainless steel crowns. If extractions are recommended, you will be sent a consent form for that treatment.

Guardian Signature X _____ DATE: _____



I hereby give Mainely Teeth permission to treat my child. By signing below I acknowledge that Mainely Teeth will provide preventive care only at school-based appointments. As requested, we can establish care with a dentist employed by Mainely Teeth at our brick and mortar office for yearly routine comprehensive/periodic exams, and all other needed dental services; excluding orthodontic treatment, complex oral surgery, implants or veneer services. If we are unable to provide the treatment needed, patients will be given a specialist referral.

Guardian Signature X _____ DATE: _____



Continued

Your child's information will be safeguarded according to Mainely Teeth's Privacy Policy (a copy is available at your request) and all applicable HIPAA laws.



Child Name: _____ Child DOB: _____

Consent to Treat

I hereby give Mainely Teeth permission to treat my child. By signing below I acknowledge that Mainely Teeth will provide preventive care only at school-based appointments. As requested, we can establish care with a dentist employed by Mainely Teeth at our brick and mortar office for yearly routine comprehensive/periodic exams, and all other needed dental services; excluding orthodontic treatment, complex oral surgery, implants or veneer services. If we are unable to provide the treatment needed, patients will be given a specialist referral.

Parent/Guardian Initials: _____

Teledentistry Patient Consent and Acknowledgement

I understand that teledentistry means that the dentist will not be physically present during my/my child's visit. As such, I understand that a full diagnosis may not be available at the time of or immediately following my appointment. I understand that I have virtual access to my/my child's dental records, but may have limited or asynchronous access to my dentist or provider after the time of service. I specifically consent to the taking or use of photographs, radiographs, and video recordings and the transmission of these images and video to provide telehealth dental services. I acknowledge that while my provider takes best-in-class information security measures, teledentistry requires the use of transmitting patient information over secure internet channels. I acknowledge that teledentistry may not be appropriate for all clinical situations, and before, during, or after my visit I may be referred to an outside dentist, provider or in-person medical or dental service.

The following providers listed are all providers who could potentially be involved in the patient's care via asynchronous teledentistry:

Dr. Kailee Jorganson, D.M.D. DEN4724, Dr. Angela Hastings, D.M.D. #DEN4517, Dr. Nicole Pratt, DDS #DEN4500, Dr. Chad Phillips, D.M.D. #DEN4885, Dr. Andrew Elkinson, D.D.S. #DEN5163, Dr. Kristen Hoglund, D.M.D. #DEN4882, Dr. Steven Mills, D.M.D. #DEN3140, Dr. Kristyn Gordon, DMD #DEN5252, Amber Lombardi, IPDH #RDH4243, Robyn Shafer, RDH #RDH4443, Kathleen Kersey, RDH #RDH4240, Alexandra Bazinet, RDH #RDH4199, Kaitlyn Bean, RDH #RDH4368, Michelle Toro, RDH #RDH4528, Nicole Skrzypek, RDH #RDH3930, Vanessa Valley, RDH #RDH4148, Melissa Peltola, RDH #RDH4272, Amanda Romero, RDH #RDH3874, Amanda Osmolski, RDH #RDH4513, Valia Sammarco, RDH #RDH4276, Jennifer Poage, RDH #RDH2634, Kylie Spaulding, RDH #RDH4210, Dr. Laura Callan, DMD #DEN4852

Parent/Guardian Initials: _____

HIPAA Compliance and Privacy Policy

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003.

There are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with dental and healthcare services. HIPAA provides certain rights and protections to you as the patient. Your provider balances these needs with the goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services. www.hhs.gov

Authorization for the Use and/or Disclosure of Healthcare Information

As part of your healthcare, your provider may create and maintain records describing your health history, symptoms, examinations, test, diagnoses, treatment, or any plans for future care or treatment. Only as permitted or required by state and federal law, we may use your healthcare information to disclose, as may be necessary, your health information to other healthcare providers and healthcare entities (such as: referrals to or consultation with other healthcare professionals) or to others as may be required by law or court order concerning your treatment, payment and/or healthcare only with your permission. I understand and acknowledge the above statements as true and consent to my provider's treatment, teledentistry practices & HIPAA compliance and privacy practices.

Parent/Guardian Initials: _____



(Patient's Full Name)

(Parent/Guardian Full Name)

(Parent/Guardian Signature)

(Date)

Continued

Your child's information will be safeguarded according to Mainely Teeth's Privacy Policy (a copy is available at your request) and all applicable HIPAA laws.



Child Name: _____

Child DOB: _____

Informed Consent for Silver Diamine Fluoride (SDF)

SDF photo →

**THE BENEFITS OF SDF:**

- SDF is a liquid antibiotic that can help stop tooth decay and relieve tooth sensitivity.
- SDF can help prevent the need for fillings or other more invasive treatment on a tooth
- SDF is easy to use and does not hurt. There is no need to numb or drill teeth.

THE PROCEDURE:

- The affected area of the tooth is dried.
- A small amount of SDF is placed on the affected area and allowed to dry for 1 minute.
- There may be a metallic taste that will go away quickly.
- After application of SDF, no eating or drinking for one hour.

DO NOT USE SDF IF:

- THERE IS AN ALLERGY TO SILVER
- There are painful sores or raw areas on the gums or in the mouth.

RISKS RELATED TO SDF INCLUDE, BUT ARE NOT LIMITED TO:

- The affected area will stain gray to black permanently as shown in the photo. Healthy tooth structure will not stain, only the unhealthy area. This means the SDF is working.
- Tooth-colored fillings and crowns may discolor if SDF is applied to them. Normally this color change is temporary and can be polished off.
- If applied to the skin or gums, a brown stain may appear that causes no harm but will not immediately wash off. The stain will gradually disappear (within 1-3 weeks).
- SDF might not stop tooth decay and the decay process may progress. In that case the tooth will require further treatment such as repeat SDF, a filling, crown, root canal treatment, or extraction.

ALTERNATIVES TO SDF INCLUDE, BUT ARE NOT LIMITED TO:

- No treatment. May lead to worsening decay with continued deterioration of tooth structure, cosmetic appearance, and/or worsening symptoms.
- Depending on the location and extent of decay, other treatment may include placement of fluoride varnish, a filling, crown, extraction, or referral for advanced treatment.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT AND I HAVE HAD THE CHANCE TO HAVE ANY QUESTIONS ANSWERED.

I consent and authorize Mainely Teeth to use Silver Diamine Fluoride to help stop tooth decay.

_____
(Patient's Full Name)_____
(Parent/Guardian Full Name)_____
(Parent/Guardian Signature)_____
(Date)Continued



Child Name: _____

Child DOB: _____

Patient Insurance Verification Form

DENTAL INSURANCE:

My Child has **MaineCare**: ☐ Please provide MaineCare number: _____

If Private insurance- please fill out the bottom portion of this page:

SUBSCRIBER'S Name: _____ DOB: _____

Subscribers Address: _____

Relationship to patient: ☐ Self ☐ Spouse ☐ Child ☐ Other Employer: _____

DENTAL INSURANCE PLAN: _____

ID #: _____ GROUP #: _____

My Child does **not** have dental Insurance: ☐

By signing below, I attest that my child does not have an active insurance policy. I understand that making a false certification may result in being discharged from Mainely Teeth Clinic and may subject me to civil or criminal prosecution under State and Federal Law.

X _____

Please include all information. If we have an issue billing your insurance, we will reach out to you via phone, text or email. We may request more information if needed. If we are unable to get in touch with you, you will receive a bill in the mail

Preferred method of contact: ☐ PHONE CALL ☐ TEXT MESSAGE ☐ E-MAIL

If you have questions, please contact:

Abby Payson, Director of Off-Site Operations
Mainely Teeth || 207.987.7064 || Abby@mainelyteeth.org

Your child's information will be safeguarded according to Mainely Teeth's Privacy Policy (a copy is available at your request) and all applicable HIPAA laws.