
 **DENTISTS R US** 
(A School Based Mobile Dental Program)
888-226-7129 or 248-879-7755
38865 Dequindre Rd., Ste. 105
Troy, Michigan 48083

Welcome to Dentists R Us!

I wanted to take this opportunity to introduce myself and our mobile dental program! I also wanted to thank you in advance for allowing us the opportunity to show you what Dentists R Us has to offer.

Dentists R Us is a community/school-based mobile dental program. We offer comfortable, convenient, quality dental care to students without having them leave school. Our services may include a comprehensive dental exam, prophylaxis, x-rays, fluoride treatment and sealants where applicable. All this at **NO COST TO THE SCHOOL!**

We also offer a **6-month Recall Program and a Sealant/Sealant Retention Program**. We will provide dental services to your students two times every school year, which allows us the opportunity to provide our Sealant Retention recheck and replacement if needed. We encourage you to select your dates in advance for your convenience.

We provide you with permission slips to send home to be completed and signed by a parent. Our only need is to have you collect the completed permission slips and provide a space for us to set up our portable equipment. In addition to the permission slips, we will also provide flyers to help you promote student participation. Once our service is complete, each student will receive an Oral Health Report to take home. I have also included a sample of this report for your information. Every student is invited to participate, **NO STUDENT IS EVER TURNED AWAY!**

Prior to our visit to the school for dental services, we also offer Oral Health Hygiene Presentations. This can be a school assembly or classroom presentation whichever works best for your school. These presentations not only stress the importance of good dental hygiene, but also help to promote better participation in our program. We also provide a **Follow Up/Referral Program** – we will refer to a local dentist who will accept the student's dental insurance if the child needs additional dental treatment. We do have Memorandums of Agreement with multiple dentists in every city for the counties we provide service to.

BONUS: All kids will receive a **FREE TOOTH BRUSH!!**

If you have any questions or concerns or if I can provide any additional information, please let me know. We try to make oral hygiene a fun and educational experience for everyone! We can extend our dental service to siblings and staff for your convenience.

I am looking forward to working with you in promoting excellent oral hygiene.

Sincerely,

Marlene Centeno
Dental Health Coordinator
Dentists R Us
Email: dentistsrus@gmail.com





We Bring Our Dental Team To You!

**Dentist R Us School Based Dental Outreach Program
Office of Partnerships and Grants**

38865 Dequindre Rd. Suite 105

Troy, MI 48083

Office: (248) 879-7755 Fax: (248) 879-4526

Email: Dentistrus@gmail.com

Dentist R Us School Based Dental Outreach Program

Name of School: _____

Address of School: _____

Principal/Health Coordinator: _____

We are pleased to inform you that Dentists R Us in accordance with **Healthy Smiles (Non-Profit Organization Section 501-C)** is granting dental care services for your students (insured/uninsured).

Since **1999, Dentists R Us**, in collaboration with **Healthy Smiles**, has provided Preventive Dental Care for more than 1.5 million students throughout Michigan. Every year we provide more than \$250,000 donated Dental Care to uninsured families with the support of schools and headstarts throughout Michigan. We would like to get your support to continue improving smiles of children in Michigan.

By signing this agreement, you are allowing Licensed Dentists, Registered Dental Hygienists and Dental Assistants to provide dental services to your students for the year _____.

Dentists R Us will be in contact with you to confirm your preferred date for the upcoming school year. Thanks for allowing our TEAM to service your students. We always look forward to bringing oral health knowledge and education to your school.

Name of Principal/Health Coordinator (print) _____

Signature: _____

Date: _____

DENTISTS R US

38865 DEQUINDRE, #105
TROY, MI 48084
1-888-226-7129

RESERVE THE DATE FOR DENTAL SERVICE

Dentists R Us will be at our school to perform Preventative Dental Service & Individual Oral Health Hygiene Education for our students. I acknowledge the appointment date & time for dental service below.

SCHOOL NAME: _____

DATE OF SERVICE: _____

TIME OF SERVICE: _____

CONTACT NAME: _____

CONTACT PHONE: _____

Authorized Signature

Date

***PLEASE SIGN & RETURN TO DENTISTS R US BY MAIL OR

FAX TO: 248-879-4526



Dentists R Us

Coming to
your school!

Revised Form June 2016

THIS FORM MUST BE FILLED OUT IN ORDER TO PARTICIPATE IN OUR INITIAL DENTAL SERVICE AND 6-MONTH FOLLOWUP

PARENTS/GUARDIAN

Dental services are provided by Licensed Dentists and Hygienists at your child's school. Dental treatment may include an Oral Exam, Cleaning, Fluoride, Sealants and necessary X-Rays. **AN ORAL HEALTH REPORT** and **FREE TOOTHBRUSH** will be provided to each child.

Patient (Student) Information (Please Print)

School Name: _____ Teacher: _____ Grade: _____
 Student Name: _____ Date of Birth: _____ Sex: _____
 Home Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Date of Last Dental Cleaning: _____

HEALTH HISTORY - IMPORTANT. MUST BE FILLED OUT COMPLETELY

Has your child had any history of, or conditions related to, ANY of the following? Check ALL that apply:

- Anemia Asthma/Emphysema Cancer Bleeding Disorder Cerebral Palsy Diabetes Fainting/Epilepsy/Seizures Kidney Disease
 Congenital Heart Disease Heart Murmur Latex Allergy Growth Problems Tobacco/ Drug Use Pregnancy (teens) HIV/AIDS
 Liver Disease/Hepatitis Thyroid Disease Joint Replacement Tuberculosis Allergies _____
 Other: _____ Need pre-medication before treatment? (Y / N) Please List Medications: _____

DENTAL INSURANCE INFORMATION

My child has MEDICAID/MI CHILD (covers 100% of cost)

Medicaid ID Number:

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Social Security Number (for billing purposes only):

_____ - _____ - _____

My child has private dental insurance

Name of Dental Insurance _____

Phone Number _____

ID# _____

Name of Parent under whom child is covered _____

Date of Birth of Insured Adult _____

Social Security Number of Insured Adult _____

Dentists R Us collaborates with Healthy Smiles (Non-Profit Foundation) for Uninsured students.

Dentists R Us will provide a 6-month recall visit for participating schools.

You will be receiving a reminder call prior to our return visit. If you do not wish to have your child seen, please contact our office before the visit.

**The American Academy of Pediatric Dentistry (AAPD) recommends children visit the dentists at least every six months (twice a year).*

FOLLOW-UP CARE

- An oral health report will be sent home after every visit indicating any necessary follow-up treatments (fillings, extractions, etc.).
- **Follow-up treatment is available at our dental office: 38865 Dequindre Rd. Suite #105 Troy, MI (248) 879-7755**
- X-Rays and reports can be sent to the dental office of your choice.

I (Parent/ Legal Guardian) give Dentists R US/Healthy Smiles permission to perform an initial oral exam, cleaning, fluoride, sealants, necessary X-Rays, and a 6-month check-up (cleaning, fluoride, sealants) on my child; I understand that these services may occasionally cause minor discomfort upon completion. I authorize and request my insurance company to pay Dentists R Us on my behalf. I understand that I am responsible for any deductibles and copays from my private insurance. I understand that services received through a mobile dental program may affect my benefits if services are duplicated at a home dental office within a six month time period. I have reviewed Notice of Privacy Practice (HIPPA), on DENTISTRUS.COM. I authorize the school nurse/staff, and/or dentist of my preference to obtain my child's dental records. Please take oral health report to child's present provider if additional dental services are needed. Call our office for more information and questions. I certify that I have read and understood the above information to the best of my knowledge.

PARENT/ GUARDIAN SIGNATURE (REQUIRED) _____

Date: _____

OFFICE USE ONLY (DENTAL FOLLOW-UP)

Multiple Cavities - 1st visit Abscess 1st visit Extractions - 1st visit
 2nd visit 2nd visit 2nd visit

Dentist's Initials _____

Hygienist/Staff Initials _____

Dr. Darshika Shah DDS, Dr. Sheretta Oates DDS

38865 Dequindre Rd, Suite #105 Troy, MI 48083

Emergency (24-Hour Service) (248) 879-7755

www.dentistrus.com

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Dentists R Us Advantages

- Oral Health Education Presentations
- Parent Teacher Associations (PTA)
- Dental Services Presentation
- Career Days
- Health Fairs
- Android Tablet Raffle
- Gift Card Raffle
- Staff Appreciation Luncheons



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

NICK LYON
DIRECTOR

June 4, 2015

Dentists R Us, PLLC
Sheretta Oates, DDS
38865 Dequindre Rd, Ste. 105
Troy, MI 48083

Dr. Oates,

Dentists R Us, PLLC has been approved for a Mobile Dental Facility Permit to practice mobile dentistry in the State of Michigan as defined in MCL §333.21601 et seq. A permit is granted for three years from the date of the approval, ending on 6/04/2018 at which time you must reapply. Enclosed please find the approved application with all supporting documents for your record, including the Mobile Dental Facility Permit to display in a prominent place, a copy of.

Any change in mobile dental facility operator, including the address and phone number of the operator, as well as any changes in a memorandum of agreement, or with dentists, dental hygienists, or dental assistants who provide care at, or within the mobile dental facility must be reported to the MDCH within thirty (30) days. Please contact our office, or visit our website for the Notification of Change Form, or for any questions.

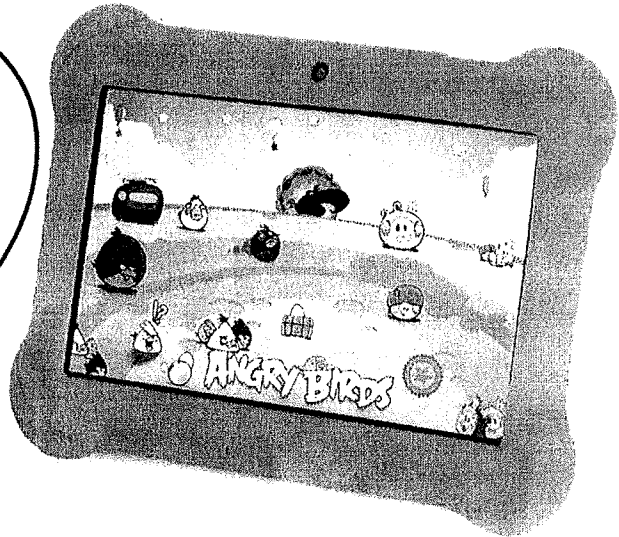
You must strictly comply with the PA 100 rules allowing a permit to practice mobile dentistry within the State of Michigan. If you have any questions, please feel free to contact Erin Suddeth at (517) 373-4059 (phone), (517) 335-8697 (fax), or via email at SuddethE@michigan.gov.

Sincerely,

Christine M. Farrell, RDH, BSDH, MPA
Oral Health Director
MDCH-Oral Health Program
P.O. Box 30195
Lansing, Michigan 48909

WIN AN ANDROID TABLET

Dentists R Us is raffling a tablet to
a lucky participant in our Dental
Program



To Win:

- Take home your Dentists R Us permission slip and have it filled out and signed by a parent.
- Bring your form back to school and be sure your teacher gets it back to the office before our visit.
- Have your teeth cleaned at school when Dentists R Us visits.
- Your permission slip will be entered into the drawing for the android tablet.

(Tablets will be raffled at each 6 month Dentists R Us visit.)



Drawing will be done at school office at the completion of the Dentists R Us visit. Winner will be allowed to choose the case color from those available. Tablet will be delivered to the school within two weeks of drawing.

To Qualify for the Tablet Raffle, school must have a minimum of 35 students participating in the Dentists R Us program per service appointment.