



# SPRINTER

## DENTAL SERVICES

Excellence in mobile dentistry

Facility Name: \_\_\_\_\_

### CONSENT FOR FREE DENTAL EVALUATION

**Please Complete Information & Return Form via Fax or by Mail**

The undersigned authorizes Sprinter Dental Services to perform the free dental evaluation including an oral cancer screening. The State of Texas requires annual evaluations for nursing homes. We specialize in geriatric dental care and deliver full-service onsite dentistry across North Texas.

**(Patient's Full Name - Please Print)**

\_\_\_\_\_

***There are not any charges associated with the free assessment.*** You will be contacted via mail regarding the results of the evaluation and proposed comprehensive treatment plan.

This consent authorizes our office to verify Medicaid funding for payment of services should treatment be prescribed. Sprinter Dental Services will contact you regarding discounted fees and possible financing options if the resident is not covered by Medicaid.

Please contact our office with any questions at [marcia@sprinterdental.com](mailto:marcia@sprinterdental.com),  
**Office: 214.382.4991** or Fax: 214.484.7281. We are here to assist you.

Thank you for the opportunity to deliver the highest quality onsite dental solutions to you and your loved one.

### Patient or Responsible Party

Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ I accept the free dental evaluation.

\_\_\_\_\_ I decline the free dental evaluation including the free oral cancer screening.

Sprinter Dental Services  
12344 Inwood Road  
Dallas, TX 75244  
214.382.4991 (office)  
214.484.7281 (fax)