



SPRINTER DENTAL SERVICES

Excellence in mobile dentistry

Facility Name: _____

CONSENT FOR FREE DENTAL EXAMINATION BY DENTIST Please Complete Information & Return Form via Fax or by Mail

The undersigned authorizes Sprinter Dental Services to perform the **free dental examination** including a **complimentary oral-cancer screening**. The State of Texas requires annual evaluations by a dentist prior to any dental services being performed by the dentist or hygienist. This free examination will allow our providers the opportunity to treat you onsite at your location, if you choose to elect our services. We specialize in geriatric dental care and deliver full-service onsite dentistry across North Texas assisted living facilities and nursing homes.

There are not any charges associated with the free examination. Once the examination is complete, you will be individually contacted via phone/mail regarding the results of the examination and proposed treatment. Sprinter Dental Services will contact you regarding discounted fees and possible financing options if the resident is not covered by dental insurance.

Please contact our office with any questions at marcia@sprinterdental.com,
OFFICE #: 214.382.4991. We are here to assist you. **FAX #: 214.484.7281**

Any known latex allergy? Circle one: **Y / N**

Do you currently wear dentures? Circle one: **Y / N**

I accept the free dental examination & free oral cancer screening. Circle one: **Y / N**

By signing this document below, I hereby release my **responsible party** contact information including name, relationship to resident, home & cell phone #'s, and email addresses to Sprinter Dental Services. I also release my medical history from my primary physician's office for Sprinter Dental's Dentist to review prior to the Free Assessment at my facility. This medical history should include any known allergies, recent surgeries, medical conditions, and any other relevant data related to my health status. This data will not be shared with anyone outside of Sprinter Dental Services and will only be used to properly evaluate and treat the patient/resident. Sprinter Dental Services is a HIPAA Compliant organization.

Patient Name (Please Print): _____

Patient or Responsible Party Signature: _____

Today's Date: _____

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