



☐ **On-Site Preventive Services**

I understand that a licensed dental hygienist will provide preventive dental services directly on-site at my child's school or Head Start center, operating under the general supervision of a licensed dentist as permitted by Georgia law. These services include procedures such as oral prophylaxis (cleanings), application of topical fluoride, x-rays, silver diamine fluoride (SDF), and sealants, all performed with prior written parent/guardian consent for each student.

☐ **Teledentistry**

I understand and consent to dental services being provided through teledentistry. I understand that teledentistry involves the use of electronic communications and is not the same as an in-person clinical examination performed in a dental office. The authorizing dentist will not be physically present during the teledentistry encounter. I understand that if an in-person examination or treatment is recommended or needed, my child will be referred to an in-person dentist for further evaluation. I have been informed of the risks, benefits, and alternatives to teledentistry, including the option to receive care in person instead. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction. I voluntarily consent to teledentistry services.

☐ **Authorization for Treatment, Billing & Communication**

I understand and authorize Southern Peach Dental, PC ("Provider") and its affiliated dental professionals to provide the following services for the child named above, for whom I am the custodial parent or legal guardian: oral evaluation and oral hygiene instruction, teeth cleaning, fluoride treatment, silver diamine fluoride (SDF), x-rays, and dental sealants. I understand that there are risks to dental treatment, including swelling, pain, or allergic reaction. (For additional information regarding the risks of treatment and treatment alternatives, please contact us.)

I authorize and direct Provider to bill and collect payment from any Medicaid, insurance, or other payer. If I have private dental insurance, I will be billed for and agree to pay any deductibles and/or co-pays. Unless I have made pre-arrangements to attend and am there at the time of service, services will be provided without my presence.

We may send you text messages about the school dental program. Message and/or data fees may be charged by your wireless service provider; to stop receiving texts, reply "STOP" to any message received from us. You also agree to receive pre-recorded and/or auto-dialed telephone calls relating to the school dental program at the landline and/or mobile telephone numbers provided on this consent form.

This signed consent authorizes my child's initial dental visit and future visits. I may withdraw this consent at any time by providing written notice to my child's school or Head Start center.

---

**SIGNATURE**

---

Signature of Parent / Guardian

---

Printed Name of Parent / Guardian