



Bridging Brighter Smiles Enrollment Form

Questions? Please feel free to call (262) 896-9891

www.bridgingbrightersmiles.org Fax forms to (262) 347-4449

Name of School: _____

Student Enrollment

Yes, please enroll my dependent.

First Name: _____ Last: _____ Middle: _____

Date of Birth: _____

Sex: Male Female

Race: (Optional) White Hispanic Black Asian Native American Other: _____

Type of Dental Insurance: BadgerCare/Forward Health No Insurance Other

Parent/Guardian First Name: _____ Last: _____

Primary/Day Phone: _____ E-mail: _____

Address: _____

City/State/Zip: _____

Student Health History

If yes please explain, be specific.

Does your dependent have any allergies? (Bridging Brighter Smiles is Latex Free): _____ YES NO

Has your dependent been diagnosed with a physical or mental disability? _____ YES NO

Does your dependent use medicine prescribed by a doctor? _____ YES NO

Authorization

I understand that by signing this form, initial and ongoing preventative oral care treatment will be provided for my dependent. This consent is good for two school years. I have the ability to disenroll at any time by written withdrawal of consent. I authorize BadgerCare/Medicaid insurance payments for services rendered to Bridging Brighter Smiles, Inc. and agree to pay any BadgerCare/Medicaid copays. If my dependent is not insured through BadgerCare/Medicaid insurance, I agree to pay the attached standard fees for services rendered.



Parent/Guardian Signature: _____ Date: _____

Initial Here

I have received the enclosed Notice of Privacy Practices and Coverage Information, and I have been provided an opportunity to review it.

It is still strongly recommended that you seek out a dental home (family dentist) for routine dental care including any follow up care which may be recommended by this school based oral health program.