
GORDON DENTAL ASSOCIATES, LTD.

Presents

GDA 4KIDS

"A Mobile Dental Program"

CONSENT FOR DENTAL SERVICE

Dear Parents,

Gordon Dental Associates, Ltd. and Crete-Monee School District 201-U have arranged for school based dental services for all Students starting in the fall and spring of the 2023-2024 school year. These services will include an exam, cleaning, fluoride treatment and sealants (as needed) by licensed professionals.

(School Name)

(Classroom)

(Phone Number)

(Student Name)

(Date of Birth)

(Grade)

(Sex)

(Home Address)

(Apartment #)

(Zip Code)

Medical Information: List all medical problems including medications, allergies, nut allergies, heart murmur, AIDS/HIV, hepatitis, hemophilia, epilepsy, asthma and other:

Illinois "All KIDS" or Private Insurance Information

- Insurance such as "All KIDS" will cover your child at **100%**.
- We also accept private insurance or fee for service.

Child's 9-digit Medicaid ID Number: ____ _

Name of Dental PPO insurance company (other than Medicaid): _____

Phone _____ Subscriber ID: _____

Name of person under whom child is covered: _____ Insured Birthdate _____

Employer Name: _____ Phone: _____

I give Gordon Dental Associates, Ltd. permission during this school year to collect payment from the child's insurance company on my behalf and to allow the school nurse / school representative or a dental office of my choosing to obtain a copy of the child's dental record.
Signature required for treatment.

Parent / Guardian Signature: _____ Date: _____

2555 W. Lincoln Hwy., Suite 111 Olympia Fields, IL 60461 708-679-0668
