



Direct Mobile Dental Services, Inc.

A New Direction in Oral Health Care

Consent for Dental Exam

Dear Resident or Responsible Party,

The State requires that each resident of a skilled nursing facility be offered an annual dental exam. Regina Nursing Center is contracted with Direct Mobile Dental Services (DMD). DMD provides exams and a full complement of dental services in the facility. If you would like your loved one to be seen by the dentist, please complete this form. If no dental exam is desired no action is necessary and you can disregard this notice.

A fee of \$66 is charged for the exam. The Department of Public Welfare will cover the cost for residents that are on Medical Assistance. Upon completion of the exam, a treatment plan, if necessary, would be forwarded to you for approval before any further treatments are performed. An annual exam must be performed in order for a hygienist to visit your loved one. For additional information, please call DMD at (610) 664-7795.

Thank you,

Direct Mobile Dental Services, Inc.

RESIDENT and P.O.A. INFORMATION

Please Print Legibly

Resident Name: _____ Room #: _____ Facility: Regina Nursing Center

Resident D.O.B.: _____ Medical Assistance #: _____ Resident S.S. #: _____

P.O.A. or Responsible Party: _____ Relationship: _____

Address: _____ Street _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Yes. I would like the resident to receive the dental exam and I am enclosing payment of \$66.00. (Please make checks payable to "Direct Mobile Dental Services") Residents that are on Medical Assistance do not need to submit payment for the exam.

Signature of Resident or Responsible Party _____ Date _____

PLEASE COMPLETE FORM AND MAIL DIRECTLY TO: DMD SERVICES, P.O. BOX 2205, BALA CYNWYD, PA 19004 OR FAX TO (610) 667- 4373