

**Medical Teams International  
Stanwood Camano Community Resource Center  
Mobile Dental Clinic Application**

*The following information is required to identify eligibility for services and will remain confidential*

**Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email (optional):** \_\_\_\_\_

**Emergency Contact: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**What type of treatment are you seeking?**

**Exam** \_\_\_\_\_ **Extraction** \_\_\_\_\_ **Cleaning** \_\_\_\_\_ **Fillings** \_\_\_\_\_

**Other (please explain):** \_\_\_\_\_

**Do you currently have a dentist?:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Last dental appointment:** \_\_\_\_\_

**Name of last dentist that you saw:** \_\_\_\_\_

**Have you been to the Mobile Dental Clinic in the past?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you have a medical condition that requires you to take antibiotics prior to having dental work done? (history of heart condition or joint replacement):** Yes \_\_\_\_\_ No \_\_\_\_\_

**Please explain:** \_\_\_\_\_

**List all allergies:** \_\_\_\_\_

**List current medications:** \_\_\_\_\_

**Do you have dental insurance?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you receive Medicaid or Medical Coupons?**

**How many people reside in your household?** Adults \_\_\_\_\_ Children \_\_\_\_\_

**What is your gross monthly household income before taxes?** \_\_\_\_\_

**How did you hear about our services?** \_\_\_\_\_

**I hereby certify that the above information is true and accurate to the best of my knowledge.**

**I understand that Mobile Dental Clinic services are provided for low income adults who have no other access to dental care and that a \$25 donation is requested at the time of service.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please attach a copy of your income verification.**

**(Applications will not be processed without income verification)**

**FOR OFFICE USE ONLY**

<b>Application Received</b> DATE: _____	<b>Letter Sent</b> DATE: _____ # _____	<b>TC</b> _____ <b>TC</b> _____ <b>TC</b> _____ DATE DATE DATE
<b>Appointment Scheduled</b> DATE: _____	<b>Appointment Confirmed</b> DATE: _____	<b>Comments:</b>