| Dental Hyon | Please join the | |
|---|--|--|
| | Macomb District Dental Hygienists' Society | |
| Ind Sol | as we celebrate | |
| The set ways | Children's Dental Health Month | |
| | | |
| | with our | |
| | 20th Annual Children's | |
| | Dental Health Heartfelt Project | |
| | What your eligible | Where: |
| When: | child will receive* | |
| | -FREE Oral Screening | Specific Dental |
| Saturday | -FREE Dental Cleaning | Offices Throughout |
| February 28, 2015 | -FREE Flouride Treatment | Macomb County |
| By a licensed Dental Hygienist -All Children will receive a complimentary goodie bag | | |
| <i>filled with dental supplies!</i> *Macomb County Children (ages 3-13) who are not coverered under private insurance may apply. | | |
| *Macomb County Children (ages 3-13) who are not coverered under private insurance may apply. | | |
| Please complete and mail this form to the address below by February 13, 2015 | | |
| You will be contacted to schedule an appointment time and given directions to the dental office. | | |
| Child's Name: Age: Parents/Guardians Name: | | |
| City Child Resides: | | |
| | Cell: Ema | ail: |
| Best Day and Time to be Reached: | | |
| Preliminary Health History Review: Is your child | | |
| Taking any medications? Y NAny Major illnesses, hospitalizations, or surgeries? Y NAny allergies? Y NAny heart conditions? Y N | | |
| If you circled yes on any of the | 5 | |
| Please mail | MDDHS | A copy of this form is acceptable. |
| the completed form to P.O. Bo | x: 288 * Washington Twp., MI 48094 | Please pass it along to others in need! |
| | | |

 \sim