

တၢ်ဖူဖုၤလီၤရဲးလၢမဲအဆူၣ်အချၢအဂီၢ်

ဝံသးစူၤဆူၤကဒါက့ၤတၢ်ဟ့ၣ်တၢ်ပျဲလၢတၢ်ဆဲးလီၤယၢ်မံၤအလံာ်က့ၤလၢတၢ်ကသုၣ်ဒၣ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤလၢအကလီၤတခါအံၤတက့ၢ်.

ဝံသးစူၤဆူၤကဒါက့ၤတၢ်ဟ့ၣ်တၢ်ပျဲလၢတၢ်ဆဲးလီၤယၢ်မံၤအလံာ်က့ၤလၢတၢ်ကသုၣ်ဒၣ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤလၢအကလီၤတခါအံၤတက့ၢ်.

တၢ်ဖူန့ၢ်ဖလီၤရဲးမဲကသံၣ်ဒီးမဲတၢ်ကွၢ်သမံသမိးအတၢ်မၤလၢတလီၣ်ဟ့ၣ်အပူၤတဖၣ်တၢ်ဟ့ၣ်အီၤလၢနဖိအကိၣ်န့ၣ်လီၤ. မဲအတၢ်သမံသမိးမၤကွၢ်မ့ၢ်တၢ်ကွၢ်န့ၢ်တၢ်အချၢတခါလၢနဖိအကိၣ်ပူၤလၢတၢ်ကကွၢ်အမဲဒီတခါအတၢ်အိၣ်ဆူၣ်အိၣ်ချၢန့ၣ်လီၤ. တၢ်ဖူန့ၢ်ဖလီၤရဲးမဲကသံၣ်န့ၣ်မ့ၢ်တၢ်ဒီးသဒါကးဘၢန့ၢ်ဒဲဒၣ်မဲတဖၣ်န့ၣ်လီၤ.

လၢတၢ်ဂ့ၢ်တၢ်ကျိၤအူညါအဂီၢ်, ဝံသးစူၤကိးဘၣ်ပုၤမဲ ၅၀၃-၅၂၁-၇၁၆၆တက့ၢ်.
503-521-7166.

တၢ်လၢနလီၣ်သ့ၣ်ညါ-

- တၢ်ဖူန့ၢ်ဖလီၤရဲးမဲကသံၣ်န့ၣ်မ့ၢ်တၢ်လၢအပူၤဖျဲးဒီးအချၢတခါလၢတၢ်ကဒိသဒါမဲဒ်သိးအပူၤတအိၣ်တဂ့ၤအဂီၢ်လၢ.
- တၢ်ဖူန့ၢ်ဖလီၤရဲးမဲကသံၣ်န့ၣ်တမၤဘၣ်ဒိတၢ်ဘၣ်.
- တၢ်သမံသမိးမၤကွၢ်ဒီးတၢ်ဖူန့ၢ်ဖလီၤရဲးမဲကသံၣ်န့ၣ်ဘၣ်တၢ်မၤအီၤခီဖျိမဲအပူၤကွၢ်ထွဲတၢ်မဲနီၤတဖၣ်န့ၣ်လီၤ.

ဟံယၢ်တၢ်နံၤကမ့ၢ်လၢအဆူၣ်အချၢတခါတက့ၢ်

- ထူးမဲဒီးမၤကဆဲးကဆိမဲကဆူးတဖၣ်ကိးနံၤဒဲးတက့ၢ်.
- သူဘၣ်ဖလီၤရဲးကသံၣ်ထူးမဲလၢအထဲသိးဒီးဟုသးတဖျါတက့ၢ်.
- ယုထၢကိၣ်ဖိနီၤဖိလၢအဆူၣ်အချၢလၢအဒိမ့ၢ်ဒ်သိးတၢ်လၢတၢ်သၢၣ်ဒီးတၢ်ဒီးတၢ်လၢတဖၣ်တက့ၢ်.
- ကျဲးစၢၤအိထံလၢတၢ်လၢတၢ်သၢၣ်ထံအလီၢ်တက့ၢ်.
- ဖိသၢၣ်ဆံးအခါမဲလၢအဆူၣ်အချၢန့ၣ်ကမၤစၢၤဒိသဒါမဲအတၢ်ကိတၢ်ခဲဖဲဒိတၢ်ခိၣ်ပျဲၤအခါလီၤ.
- ထံၣ်လီၢ်ဘၣ်နသးဒီးမဲကသံၣ်သရၣ်အစုၤကတၢ်တနံၣ်တဘျီတက့ၢ်.



Fluoride Varnish for Healthy Teeth

Important: Please return a signed permission slip to use this free service.

Free fluoride varnish and dental screenings are offered at your child's school!

A dental screening is a quick look inside your child's mouth to check the overall health of their teeth. Fluoride varnish is a protective coating brushed on the teeth.

For more information, please call us at **503-521-7166.**

What you need to know:

- Fluoride varnish is a safe and quick way to protect teeth from cavities.
- Fluoride varnish does not hurt.
- Screenings and fluoride varnish are done by dental care professionals.

Keeping a healthy smile:

- Brush and floss every day.
- Use fluoride toothpaste the size of a grain of rice.
- Choose healthy snacks such as fruits and vegetables.
- Try drinking water over juice.
- Healthy baby teeth will help prevent problems in adult teeth.
- See a dentist at least once a year.





တၢ်သမံသမိးမၤကွၢ်မဲ/တၢ်ဖူန့ၢ်ဖလီရဲးကသံၣ် လၢအပူၤကလီတၢ်ရဲၣ်တၢ်ကျဲၤ အလံာ်ပျဲဖီတၢ်

တၢ်သမံသမိးမၤကွၢ်မဲ ဒီးတၢ်ဖူန့ၢ်ဖလီရဲးတၢ်တီၤစၢၤမၤတဖၣ် လၢအပူၤကလီန့ၣ် အခဲအံၤတၢ်ဟ့ၣ်လီၤအီၤလၢ နဖီအကိၣ်န့ၣ်လီၤ. တၢ်ဖူလီၤဖလီရဲးကသံၣ်အံၤ မ့ၢ်ကျိၤကျဲၤလၢအညိၣ်ဒီးအချ့တဘီ လၢတၢ်ကဒိသဒါမဲ ဒ်သိးအပူၤသုတအိၣ်တဂ့ၢ်အဂီၢ်လီၤ. တၢ်သမံသမိးမၤကွၢ်မဲ ဒီးတၢ်ဖူန့ၢ်ဖလီရဲးကသံၣ်န့ၣ် ဘၣ်တၢ်မၤအီၤခီဖျိ မဲကသံၣ်သရၣ်စဲၣ်နီၤတဖၣ် တနံၣ်လွံၢ်ဘျီန့ၣ်လီၤ.

ဖိသၣ်အမံၤ - _____		
(မံၤကတၢ်)	(မံၤခိၣ်ထံး)	(မံၤလၢအဘၣ်သး)
ဖိသၣ်အိၣ်ဖျဲၣ်မ့ၢ်နံၤ (လၢ/နံၤ/နံၣ်) - _____ / _____ / _____		တၢ်ကဲမ့ၢ်ကဲခွါ <input type="checkbox"/> ဝိၣ်ခွါ <input type="checkbox"/> ဝိၣ်မ့ၢ် <input type="checkbox"/>
ကွီ - _____		

တၢ်သမံသမိးမၤကွၢ်မဲ - တၢ်ကွၢ်န့ၢ်အချ့တခါလၢကိၣ်ပူၤ လၢတၢ်သမံသမိးမဲအတၢ်အိၣ်ဆူၣ်အိၣ်ချ့ ဒီတခါညါန့ၣ်လီၤ.

မ့ၢ် တမ့ၢ်

တၢ်ဖူဖလီရဲးကသံၣ်- တၢ်ဖူလီၤအီၤလၢမဲအလီၤ လၢတၢ်ကဒိသဒါမဲအပူၤတဖၣ်.

မ့ၢ် တမ့ၢ်

မ့ၢ်တခါ, ဝံသးစူၤမၤပျဲအီၤ ဒီးဆဲးလီၤမံၤလၢလံာ်တက့ၢ်.

တၢ်ဆဲးကျိးအဂ့ၢ်အကျိၤ	
မိၢ်ပၢ်/ပျဲကွၢ်ထွဲဖိအမံၤ - _____	
လီၤတဲစီနီၣ်ဂံၢ်အဂ့ၢ်ကတၢ် လၢကဆဲးကျိးန့ၢ်အဂီၢ် - _____	တၢ်ဟ့ၣ်ပျဲလၢကဆၢလံာ်အဂီၢ် - <input type="checkbox"/> ဟ့ၣ်တၢ်ပျဲလီၤ <input type="checkbox"/> တဟ့ၣ်တၢ်ပျဲဘၣ်
အံၤမ့ၢ်(လ) _____	
လီၤဆိးထံးလၢတၢ်ဆၢလံာ်ပရၢအဂီၢ် - _____	

ဝံသးစူၤဟ့ၣ်ဘၣ် တၢ်ဂ့ၢ်တၢ်ကျိၤလၢအဝိၣ်ထွဲထီၣ်အခံၣ်သိး ပတီၤစၢၤမၤတဖၣ်ကသု ဂ့ၤဒိၣ်န့ၣ်တက့ၢ် -

ယဖိန့ၣ်အီဝဲ (ကွဲးရဲၣ်လီၤကသံၣ်ကသီတဖၣ်) - _____	တအိၣ်ဘၣ် - <input type="checkbox"/>
ယဖိန့ၣ်တဘၣ်လိာ်သးဒီး - _____	တအိၣ်ဘၣ် - <input type="checkbox"/>
ဆူၣ်ချ့တၢ်ကူၤတၢ်အိၣ်သးခဲအံၤအိၣ်တမံၤမဲၤခါ - _____	တအိၣ်ဘၣ် - <input type="checkbox"/>
တၢ်လၢကဘၣ်ဆိကမိၣ် ဘၣ်ယးဒီးသးအဆူၣ်ချ့တၢ်ဟူးဂဲၤ အိၣ်တမံၤမဲၤခါ - _____	တအိၣ်ဘၣ် - <input type="checkbox"/>

ဝံသးစူၤကွဲးန့ၢ်မၤပျဲတၢ်နီၤဖးလၢလံာ်အံၤတက့ၢ်. တမ့ၢ်နကဒီးန့ၢ်ဘၣ် တၢ်ယုအဘူးအလဲလံာ်ဘၣ်.

ဆူၣ်ချ့တၢ်အုၣ်ကီၤ - _____	တၢ်တီၤစၢၤမၤတဖၣ်မ့ၢ် အပူၤကလီန့ၣ်လီၤ.
<input type="checkbox"/> Oregon Health Plan (OHP) / Medicaid ID# _____	
<input type="checkbox"/> မဲဆူၣ်ချ့တၢ်အုၣ်ကီၤခီပနံၣ် လၢအပူၤဖျဲးဒီးပဒိၣ်ပပျဲကရၢကရိတဖၣ် _____	
<input type="checkbox"/> ဆူၣ်ချ့တၢ်အုၣ်ကီၤတအိၣ်ဘၣ်	

ဒ်မိၢ်ပၢ်/ပျဲကွၢ်ထွဲဖိလၢအဖိးသဲးစးအသိး, ဖဲအံၤယတၢ်လိာ်ဟ့ၣ်ခွဲး လၢတၢ်ကဟ့ၣ်လီၤရၢလီၤဒီးခီလဲတၢ်ဂ့ၢ်တၢ်ကျိၤ, ပၢ်ယုဒီးကယၢ်နီၣ်တဂၢၢ်ဆူၣ်ချ့တၢ်ဂ့ၢ်တၢ်ကျိၤ, ဘၣ်ထွဲဒီးတၢ်တီၤစၢၤမၤတဖၣ်လၢဘၣ်တၢ်ဟ့ၣ်အီၤ, လၢမဲပျဲမၤတဖၣ်, Head Start အပူၤမၤတဖၣ်, နဖီအခါဆူၣ်ချ့အကူၤလီၤကဝီၤ မ့ၢ်တမ့ၢ် ESD, ပျဲတၢ်အုၣ်ကီၤတဖၣ်, ဖိသၣ်အမဲကသံၣ်သရၣ်, တၢ်ကဟ့ၣ်ကယၢ်ကရၢကရိလၢအဘၣ်ထွဲမၤသကိးတၢ်တဖၣ်, ဒီး/မ့ၢ်တမ့ၢ် တၢ်ကဟ့ၣ်ကယၢ်မဲကရၢကရိ လၢအမၤနီၣ်တၢ်တဖုအဘၣ်စၢၤန့ၣ်လီၤ. ယဒီးန့ၢ်ဘၣ်တၢ်ကွဲးဒိဘၣ်ထွဲဒီး “နီၣ်တဂၢၢ်တၢ်ဂ့ၢ်ခူသ့ၣ်တၢ်မၤလုၢ်လိာ်တၢ်ဘိးဘၣ်သ့ၣ်ညါတဖၣ်” လဲန့ၣ်လီၤ. နီၣ်တဂၢၢ်တၢ်ဂ့ၢ်ခူသ့ၣ်တၢ်မၤလုၢ်လိာ်တဖၣ် တၢ်မၤန့ၢ်အီၤသ့ၣ်လၢ All Smiles Community Oral Health အပူၤယဲၤသန့ AllSmilesCOH.org/forms န့ၣ်လီၤ. ယန့ၢ်ပၢ်စ့ၢ်ကီၤလၢ မဲအတၢ်ကဆဲးကဆီ မ့ၢ်တမ့ၢ် ပျဲကွၢ်ပျဲအါ အကူၤဖိလၢ ဘၣ်တၢ်ဟ့ၣ်ကူၣ်ဟ့ၣ်ဖးအီၤဘူးတၢ်တီၤလၢ မဲကသံၣ်သရၣ်စဲၣ်နီၤလၢအလဲးစ့ၢ်အိၣ်တဂၢၢ် ကကူၤစါယါဘျီတၢ်န့ၣ်လီၤ.

မိၢ်ပၢ်/ပျဲကွၢ်ထွဲဖိ အတၢ်ဆဲးလီၤမံၤ -နံၤသီ - _____ မ့ၢ်နံၤ- _____



Free Dental Screening/Fluoride Varnish Program Permission Slip

Free dental screenings and fluoride varnish services are now offered at your child’s school. Fluoride varnish is a quick and easy way to protect teeth from cavities. The screening and fluoride varnish are done by dental care professionals up to four times a year.

Child’s Name: _____		
(Last)	(First)	(Preferred Name)
Child’s Date of Birth (mm/dd/yy): _____ / _____ / _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
School: _____		

Dental Screening: A quick look inside the mouth to check the overall health of teeth.

YES NO

Fluoride Varnish: Applied to teeth to prevent cavities.

YES NO

If Yes, Please Complete and Sign Below:

Contact Information	
Parent/Guardian Name: _____	
Best phone number to reach you: _____	Permission to Text: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email address: _____	
Mailing address: _____	

Please provide the following information so we can better serve your child:

My child is taking (list medications): _____	None: <input type="checkbox"/>
My child is allergic to: _____	None: <input type="checkbox"/>
Any current medical problems: _____	None: <input type="checkbox"/>
Other information to help us better serve your child: _____	None: <input type="checkbox"/>

Please complete the section below. You will not receive a bill.

Health Insurance: <input type="checkbox"/> Oregon Health Plan (OHP) / Medicaid ID# _____ <input type="checkbox"/> Private dental insurance company _____ <input type="checkbox"/> No health insurance	These services are FREE!
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As the legal parent/guardian, I hereby consent to the release and exchange of information, including any relevant personal health information regarding the services provided, between the dental staff, Head Start staff, your child’s future school district or ESD, insurance carriers, the child’s dentist, applicable Coordinated Care Organization, and/or the Dental Care Organization of record. I have received a copy of “Notices of Privacy Practices.” Privacy Practices are available on the All Smiles Community Oral Health website AllSmilesCOH.org/forms. I also understand a dental hygiene or nursing student closely supervised by a licensed dental professional may provide treatment.

Parent/Guardian Signature: _____ Date: _____

Внимание: эта форма доступна на русском языке по адресу AllSmilesCOH.org/forms

Chú ý: Mẫu này có sẵn bằng tiếng Việt tại nha AllSmilesCOH.org/forms

注意：此表格可通過以下網址獲得中文版本: AllSmilesCOH.org/forms



SUMMARY OF NOTICE OF PRIVACY PRACTICES

The confidentiality of your protected health information, also called your medical record, is a high priority at All Smiles Community Oral Health. There are a number of reasons we may need to use this information or disclose it to others. This Notice of Privacy Practices is provided to inform you of the ways we can use and release information from your medical record. THIS PAGE IS NOT THE FULL NOTICE OF PRIVACY PRACTICES. The full notice is available upon request. In addition to our longstanding commitment to protecting your information, there are certain obligations we have under federal law. One of those obligations is to provide you with this Notice.

THINGS EXPLAINED IN THE FULL NOTICE OF PRIVACY PRACTICES

- **How we may use and share your health information without your permission to:**
 - Provide treatment to you.
 - Get paid for the services we provide to you.
 - Make reports to federal, state, and local agencies and others when the law requires such reporting.
 - Make reports or share information for public health, safety, and/or research purposes.

- **How we can share your information without your permission, but only if we give you a chance to object:**
 - To share information about you to family, friends, or others involved in your care for payment for the services you receive.
 - To share information in case of a disaster to let your family and friends know where you are and your general condition.

- **How we can use and share your medical information only with your permission for disclosures other than those described above.**

- **Your legal rights under federal privacy laws include your right to:**
 - Ask to see and copy your medical information.
 - Ask that incorrect or incomplete information in your medical information be corrected.
 - Ask for a list of the places we have sent your information unless it was sent with your permission, for payment, treatment, or health care operations.
 - Ask that we limit the information we use or share for treatment, payment, or healthcare operations, or the information we share with family members or others involved in your care. We are not required to agree to your request.
 - Ask that we communicate with you in a confidential manner.
 - Ask for a paper copy of the Notice of Privacy Practices at any time.
 - Be notified in the event of a breach of unsecured, protected health information.
 - File a complaint if you think your privacy rights have been violated.
 - Pay out of pocket in full for a healthcare item or service and restrict disclosure of that particular item or service to your health plan provider.