

Muhiim: Fadlan soo celi cadaynta ogolaanshaha saxiixan si aad u adeegsato adeeggaan bilaashka ah.

Sifeynta fluoride ka iyo baaritaannada ilkaha ayaa lagu baxshaa dugsiga cunugaaga.

Baaritaanka ilkaha waa eegista degdega ah oo lagu sameynaayo gudaha afka cunugaaga si loo hubiyo caafimaadka guud ee ilkihiisa. Sifeynta fluoride ku waa dahaar difaac ah oo la marsho ilkaha.

Wixii xog dheeraad ah, fadlan nagasoo wac lambarka **503-521-7166**.

Waxa aad u baahan tahay inaad ogaato:

- Sifeynta fluoride ku waa qaab amaan ah oo dhakhso ah oo looga difaaco ilkaha bololka.
- Sifeynta fluoride ku malahan wa xanuun ah.
- Baaritaannada iyo sifeynta fluoride waxaa sameeya xirfadlayaasha daryeelka Ilkaha.

Ilaali Caafimaadka Ilkaha

- Cadayo oo qashinka ka quf ilkaha maalin kasta.
- Adeegso daawada cadayga fluoride ah oo leh xajmiga galeeyda ama bariiska.
- Dooroo cunto fudud oo caafimaad leh sida miraha iyo khudaarta.
- Iskuday inaad biyo caadi ah cabto badalka cabitaanka qasan.
- Ilkaha caafimaadka qaba ee ilmaha ayaa ka hortagaaya dhibaatooyinka ilkaha markuu waynaado.
- U tag dhakhtarka ilkaha ugu yaraan halmar sanadkii.



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.





Waraaqda Oggolaanshaha Baaritaanka Ilkaha/Barnaamijka Daawada Ilkaha ee Bilaashka ah

Baaritaanka caafimaadka ilkaha iyo daawada ilkaha ee bilaashka ah ayaa hadda lagu baxshaa dugsiga cunugaaga. Sifaynta fluoride ku waa qaab fudud oo dhakhso ah oo looga difaaco ilkaha bololka. Baaritaannada iyo daawada ilkaha waxaa sameeya xirfadlayaasha daryeelka ilkaha ilaa afar jeer sanadkii.

Magaca Canuga: _____ (Magaca Qoyska) (Magaca Koobaad) (Magaca La doortay)
Taariikhda Dhalashada Ilmaha (bisha/maalinta/sanadka): _____ / _____ / _____ Jinsiga: <input type="checkbox"/> Lab <input type="checkbox"/> Dhedig
Dugsiga: _____

Baaritaanka Ilkaha: Fiirinta kooban ee gudaha afka si loo eego caafimaadka guud ee ilkaha.

HAA MAYA

Daawada Sifaynta Ilkaha: Waxaa la mariyaa ilkaha si looga difaaco bololka.

HAA MAYA

Haddii jawaabtu tahay haa, Fadlan Buuxi oo Saxiix Hoos:

Macluumaadka Xiriirka	
Magaca Waalidka/Masuulka:	
Lambarka ugu fiican ee taleefanka aad la xariiri karto:	Oggolaanshaha Fariin Qoraalka: <input type="checkbox"/> Haa <input type="checkbox"/> Maya
Ciwaanka iimeelka:	
Cinwaanka boostada:	

Fadlan keen xogta soo socota si aan adeeg fiican u siino cunugaaga:

Cunugayga ayaa qaata (liiska daawooyinka):	Midna: <input type="checkbox"/>
Cunugaygu wuxuu xasaasiyad ku qabaa:	Midna: <input type="checkbox"/>
Xaalado kasta oo caafimaad oo uu hadda qabo:	Midna: <input type="checkbox"/>
Xogta kale ee naga caawinaysa inaan adeeg hufan siino cunugaaga:	Midna: <input type="checkbox"/>

Fadlan buuxi qaybta hoose. Lagaama qaadaayo lacag.

Caaysmiska Caafimaadka: <input type="checkbox"/> Lambarka Aqoonsiga Caymiska Caafimaadka Oregon (OHP) / Medicaid <input type="checkbox"/> Shirkada caymiska caafimaadka ilkaha oo gaar loo leeyahay <input type="checkbox"/> Ma haysto caymis caafimaad	Adeegyadaan waa BILAASH!
Aniga oo ah waalidka/masuulka sharciga ah, waxaan halkaan ka ogolaanayaa baahinta iyo inay is dhaafsadaan xogta, ayna ku jirto xog kasta gaarka ah oo caafimaad oo la xiriirta adeegyada la baxshay, ayna isdhaafsadaan shaqaalaha caafimaadka ilkaha, shaqaalaha Head Start, degmada dugsiga mustaqbalka ee cunugaaga ama ESD, shirkadaha caymiska, dhakhtarka ilkaha ee ilmaha, Ururka Daryeelka Abaabulan ee ay Qusayso, iyo/ama Ururka diiwaanka Daryeelka Caafimaadka Ilkaha. Waxaan helay nuqulka "Ogaysiiska Xeerarka Sirta." Xeerarka Sirta Xogta ayaa laga heli karaa webseedka All Smiles Community Oral Health AllSmilesCOH.org/forms . Waxaan sidoo kale fahmayaa in arday barta sifaynta ilkaha ama kalkaalinta oo kormeer buuxa ka helaaya xirfadle caafimaadka ilkaha ah uu siin karo ilmaha daawada.	
Saxeexa Waalidka/Masuulka: _____	Taariikhda: _____

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

Chú ý: Mẫu này có sẵn bằng tiếng Việt tại 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



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 nhà AllSmilesCOH.org/forms

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Sirta xogtaada caafimaadka ee Dhowrsan, oo sidoo kale loogu yeero diiwaankaaga caafimaadka, ayaa aad muhiim ugu ah All Smiles Community Oral Health. Waxaa jira dhawr sababood oo aan ugu baahan karno xogtaan si aan u siino dadka kale. Ogaysiisnaan Xeerarka Sirta ayaa lagu siinayaa si laguugu sheego qaababka aan u adeegsan karno aana u shaacin karno xogta kasoo baxda diiwaanka caafimaadka. BOGGAAN MA BIXINAAYO XOGTA BUUXDA EE OGAYSIISKA XEERARKA SIRTA. Ogaysiiska buuxa ayaa la heli karaa marka la codsado. Marka lagu daro dadaalkeena joogtada ah ee difaacida xogtaada, waxaa jira waajibaadka qaar oo sharciga federaalku na amraayo. Mid kamid ah waajibaadkaas waa inaan ku siino Ogaysiisnaan.

WAXYAABAHA LAGU SHARXAY NUQULKA BUUXA EE OGAYSIISKA XEERARKA SIRTA

- **Sida aan u adeegsan karno una shaacin karno xogtaada sirta anagoon wax oggolaansho ah kaa qaadan:**
 - Si aan kuu daawayno.
 - Si aan u helno qarashka adeegyada aan ku siinay.
 - Si aan warbixinno u siino wakaaladaha federaalka, gobalka, iyo kuwa maxaliga ah iyo ururada kale marka sharcigu nagu amro warbixintaas.
 - Inaan warbixinno ka bixino ama xog shaacino sababo la xariira caafimaadka dadwaynaha, badqabka, iyo/ama cilmi baaris.
- **Sida aan cid kale u siin karno xogtaada adoon noo fasixin, laakiin keliya waa haddii aan ku siino fursad aad ku diido:**
 - Inaan la wadaagno xogtaada qoyska, saaxiibada, iyo dadka kale ee qaybta ka ah daryeelkaaga lacagta adeegyada aad hesho.
 - In aan xog ka bixino haddii ay masiibo dhacdo si aan ugu sheegno qoyskaaga iyo asxaabtaada meesha aad joogto iyo xaaladaada guud.
- **Sida aan u adeegsan karno una shaacin karno xogtaada caafimaadka keliya markaad noo fasaxdo shaacinnada aan ahayn kuwa kor lagu xusay.**
- **Xaquuqdaada sharci ee aad ka helayso sharciyada sirta ee federaalka waxaa ku jira xaqa aad u leedahay:**
 - Inaad codsato inaad aragto aadna nuqul kala baxdo xogtaada caafimaadka.
 - Inaad codsato in xogta khaldan ama kala dhiman ee ku jirta diiwaankaaga caafimaadka la saxo.
 - Inaad codsato liiska meelaha aan u dirnay xogtaada ilaa in lagu diray maahee oggolaanshahaaga, sabab lacag bixin, daawayn, ama shaqooyinka Daryeelka Caafimaadka.
 - Inaad codsato inaan yarayno xogta aan u adeegsano ama u shaacino sababo daawayn, lacag bixin, ama shaqooyinka daryeelka Caafimaadka ah, ama xogta aan la wadaagno xubnaha qoyska iyo dadka kale ee qaybta ka ah daryeelkaaga. Qasab naguma ahan inaan oggolaano codsigaaga.
 - Inaad codsato inaan kugulasoo xariirno qaab qarsoodi ah.
 - Inaad codsato nuqulka waraaqda ah ee Ogaysiiska Xeerarka Sirta markaad doonto.
 - In lagu sheego haddii la jabsado xogta caafimaadka ee Dhowrsan, ee amaankaadu uusan sugnayn.
 - Inaad soo gudbisno cabasho haddii aad aaminsan tahay in xaquuqdaada sirta la jabiyay.
 - Inaad jeebkaaga ka dhiibto qarashka buuxa ee daryeelka caafimaadka ama adeegga aadna joojisno shaacinta daryeelkaas ama adeeggaas gaarka ah oo loo sheego shirkadaada caymiska.



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.