Screening Application for The Dental College of Georgia at Augusta University

www.augusta.edu/dentalmedicine

Thank you for your interest in The Dental College of Georgia. The teaching program at The Dental College of Georgia offers educational discounts for the dental care provided. **However, this is not a free clinic.** If you desire a screening appointment, please complete the questionnaire below. Please note: A screening appointment does not guarantee assignment. **Charges for the screening appointment are non-refundable**.

When completed, mail this form to the Dental College: AUGUSTA UNIVERSITY

THE DENTAL COLLEGE OF GEORGIA

PATIENT SERVICES, GC-4290 AUGUSTA, GEORGIA 30912-1243

											Date:			
(Please Male □	_ ,									Date of E	Birth: Mon		Day	/ Year
Name (print):_		Last				First				Middle			
Phone I	Numbe	ers: (_)		(. ()			_()				
			Home Phone				Work Phone				Mobile Phone			
Address	Street o	or P O Box #				City				State			Zip	
Email A	Address	:									_			
Circle all the dental services that you think you need/want (please make best estimate).												7-4	8 9	10
	eded ervice	Cleaning	Gum	Upper Comp Denture (Pl		Lower Comp Denture (Pl		Upper Removable Partial Denture		Removable Denture	5 6	JY.	عا <i>الحا</i> لي	11 12
											3 CS	ر ۱		13
Se	eded ervice Many?	Fillings	Crowns / C	aps / Bridges	Ro	oot Canal(s)		Tooth Extractions	lm	plants	2	Un	per Jaw	15
2. On the diagram to the right, place an "X" on all teeth that are missing from your mouth and circle all teeth that have crowns / caps. (Diagram must be filled out as accurately as possible.)														(S) 16
3. Have you previously been a patient at the Dental School in Augusta? Yes No											31	}		18
4. Is your schedule flexible enough to allow 1 to 2 half day appointments per month? Yes No											29	3/2	Jane Co	20
5. How	long h	as it beer	since you	last saw a	dentist t	for regula	<u>ır</u> (no	ot urgent) dental c	are?		20 2	7 26		22 3
□Le	☐ Less than 1 year ☐ 1 - 2 years ☐ 3 - 5 years ☐ More than 5 years									Right si	de 20	25 24	Left side	

ALLOW UP TO FOUR HOURS FOR THIS APPOINTMENT.

- Please advise staff if the patient is non-English speaking or hearing impaired. Interpreter services may require advance scheduling.
- No dental treatment is available at the screening appointment. Only a screening evaluation will be performed.
- For the SCREENING appointment, please be prepared to pay \$132.00 for the examination. X-rays are typically taken.
- Payment is due at the screening appointment. We will be glad to file your insurance for possible reimbursement.
- Payment may be made by cash, personal check, or credit card (American Express, Discover, MasterCard, or Visa).
- Upon acceptance into the student dental program, assignment to a student may take up to 6 months.