



In Motion Dentists
In Home Dental Care

ASSISTED TOOTH BRUSHING PROGRAM SIGN UP FORM

ABOUT THE PROGRAM Over the last decade of providing house-call dental services, we have found that one area that often is overlooked are the teeth and mouth. Sometimes it's difficult for family members or care staff to perform teeth brushing because they haven't been fully trained on how to provide these activities of daily living. Other times, the individual receiving the care is resistive or won't open their mouth.

Our goal with this program is to improve the oral health of our patients by providing twice monthly oral care by a trained Oral Health Care Specialist. This dental professional also provides training and direction for family members and caregivers so that oral care on a daily basis can also be improved and can recommend appropriate oral care aids.

THE BENEFITS

By assigning In Motion Dentists as your Oral Health Care Specialist, you will receive the following benefits:

- Twice a month comprehensive oral cleanings
- Customized oral care recommendations by the Oral Health Care Specialist
- Family/Care staff trained to complete oral care daily
- Decreased risk of major dental infections and complications
- Improved oral health with reduced risk of heart attack, stroke, seizures and pneumonia

SERVICES WE PROVIDE

A trained Oral Health Care Specialist will come twice a month to perform oral care which will include brushing all teeth, completing interproximal cleaning and use of a mouthwash. Should there be any signs of oral pathology, cavities or any other concerns, the patient or their legal guardian will be notified. It is your responsibility to provide oral care products since we want you using these products every day of the month.

FINANCIALS/INSURANCE

The cost for this program is **\$120 per month** and is billed monthly. A credit card is required to be put on file and this card will be processed monthly. Should the Oral Health Care Specialist only see the patient once in a given month, the cost for that month will be \$60. If we are unable to get out to see the patient at all for a given month, there will be no charge for that month. If we attempt to see the patient but the patient is unable to be seen, there will be a \$25 travel fee for that missed appointment. It is the patient's or the legal guardian's responsibility to notify In Motion Dentists if the patient is unable to be seen at least the day before the scheduled appointment. Same day cancellations will be charged a \$25 missed appointment fee.

FOR MORE INFORMATION

To learn more about our unique house call practice, including services we provide, cost of services and general helpful information, please take some time to visit our website at: **InMotionDentists.com**

You may also give us a call so we can personally introduce ourselves and answer any questions you might have:
(626) 594-0374

• Phone: (626)594-0374 • Fax: (626)594-0813 • 929 W Foothill Blvd Suite A, La Verne, CA 91750



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APPLICATION FOR ASSISTED TOOTH BRUSHING PROGRAM

By completing the application below, you are authorizing In Motion Dentists to perform oral care services. You have the right to discontinue In Motion Dentists oral health care program at any time and for any reason. Assigning In Motion Dentists does not commit you to using only their services. You have the right to receive second opinions or receive dental care from any other dentist at any time.

If you would like to authorize In Motion Dentists to perform oral care, please complete the information below.

PATIENT INFORMATION

PATIENT NAME:		SEX:
SERVICE ADDRESS:	CITY:	STATE & ZIP:
PATIENT/POACELL#:	FACILITY# (If Applicable):	PATIENT/POAEMAIL:

CONSERVATOR INFORMATION (IF APPLICABLE)

FINANCIALPOA NAME:	ADDRESS:	PHONENUMBER:
MEDICAL POA NAME:	ADDRESS:	PHONE NUMBER:

CARD DETAILS

NAME ON CARD	CARD NUMBER	EXPIRATION DATE	CVV
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SIGNATURES

PATIENT OR CONSERVATOR SIGNATURE: _____ DATE: _____

After completing this form, please fax to (626)594-0813 or email to: Office@InMotionDentists.com

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