



On the Road
To Better Dental
Health Care

Informational Sheet

In collaboration with Ronald McDonald House Charities of the Capital Region, St. Peter's Hospital Dental Services has been awarded the Ronald McDonald Care Mobile*. With help from other private and public organizations, the Care Mobile – a 40-foot van housing a fully operating dental clinic with two dental suites – will provide *hope on wheels* (comprehensive pediatric dental care) to area school-children in low-income areas.

If you have a child that is, or will be, attending a local school participating with the Care Mobile – or if you are affiliated

with any of these schools – and would like your child/students to participate in this program, we will need the following information so that we may contact you.

Please fill out this form and give it to the St. Peter's practice manager on site at your meeting/event. If you are a parent and/or are submitting this information outside of a meeting/event, please mail it to:

St. Peter's Hospital Dental Services
Attn: Blythe Thompson, Practice Manager
317 S. Manning Blvd., Suite 220
Albany, NY 12208



St. Peter's Hospital

A Member of St. Peter's Health Care Services

Dental Services



*This Ronald McDonald Care Mobile is made possible by a grant for the Ronald McDonald House Charities, Inc. (RMHC), a non-profit, tax-exempt charitable corporation. RMHC has no responsibility or liability for the operation of this Ronald McDonald Care Mobile or any of the dental activities conducted herein.

YOUR INFORMATION (REQUIRED)

Name (Last, First) _____

Signature _____

Date _____

Relationship to child OR
affiliation with school
(please include school name) _____

Home address _____

Home telephone number _____

Alternate telephone number _____

Type of number (cell, pager, etc.) _____

E-mail address _____

CHILD'S INFORMATION (IF APPLICABLE)

Child's Name (Last, First) _____

Date of Birth _____

School _____

Grade _____

Home address _____

Please answer each question:

- Does the child currently have dental health insurance?*(
(circle one) Yes No
- If "yes," what type of dental insurance? _____
- If "no," would you like to receive information about how
to receive dental health insurance? (circle one) Yes No

(*Services will still be provided if a child does not have dental health coverage.)

If you have questions or would like more information about the Care Mobile, contact Blythe Thompson, practice manager of St. Peter's Hospital Dental Services, via e-mail at bthompson@stpetershealthcare.org, or call (518) 525-1773.