

SAVE THE DATE
CLEVELAND COUNTY FREE HEALTH FAIR



FRIDAY, MAY 1ST 3-6PM
THE WELL

210 James Garner Ave, Norman, OK 73069

MORE INFORMATION:
catherine.willis@health.ok.gov

OUR SPONSERS:

OU Health | Stephenson Cancer Center
The UNIVERSITY of OKLAHOMA

Cleveland County Health Department

THE WELL

VARIETY CARE

Free Health Screenings:

- HEARING
- BEHAVIORAL
- DENTAL HEALTH
- COLORECTAL
- PROSTATE
- LUNG*
- CERVICAL*
- BREAST*

By appointment only

Free Child Dental Health Fair



Date: May 1st

Location 210 James Garner Ave

Time: 10am-2:30pm

Required: Parent Consent Forms due April 15th

Free Health Screenings:

Sealant Fluoride Polish and Varnishing

Free Family Health Fair from 3-6pm offering health screenings, resources, and raffle.

More information: catherine.willis@health.ok.gov

Patient Form

Patient Registration and Consent Mobile & Portable Unit

Patient Information:

Patient's Name: _____DOB:__/_____/_____SSN:___- - _____

Gender: Male [ ] Female [ ]

Race: White [ ] Native American [ ] Hispanic [ ] African American [ ] Other [ ] _____

Address:_____City/State: _____Zip: _____ Parent/Guardian Name: _____

Phone Number:_____

Email Address: _____

Dental Insurance: _____ _____

Address of Insurance Company:_____ Member ID#_____

Member Name:_____ _____

Insurance Company Group # Address:

Date of birth:__/_____/_____SS#____-_____-_____Contact phone # _____

***Important -Please bring your Insurance Card or copy of front / back sides of the insurance card – Thanks**

Health Information:

Current Medications: please list all including Name, Dosage, Frequency and Use:

_____

Past Surgeries/Hospitalizations - Date and Reason:

_____

Allergies: _____

Problems with: Heart [ ] Lungs [ ] Liver [ ] Kidney [ ] Other [ ]

Consent for Treatment: _____

Name of person giving consent, if different than Patient:

Relationship to Patient: Parent ____ Guardian ____Other: _____

I give my consent for Variety Care and its staff members and providers to screen, examine and treat my child/ward for dental disease and provide any necessary preventative services to my child, even in my absence. I also give my consent for a member of my Child's school to be present with my child during any dental visits with Variety Care.

I authorize the release of any information necessary to determine liability for payment and to obtain reimbursement for these services. I agree to Variety Care's privacy practices and understand that I can view them at any time at https://www.varietycare.org/notice-of-privacy-practices.

I agree that this consent shall be valid for one year from the date it is signed or until _____, whichever is longer.

Signature_____Date_____