

# MYDENTALCARE<sup>®</sup> PASSPORT

— GUIDING EVERY VISIT —

## TIPS FOR PASSPORT USERS, FAMILIES & CAREGIVERS

### WHAT IS IT?

- My Dental Care Passport, also known as The Passport, allows you to tell dental teams about yourself before you enter the office. The Passport will give prompts on topics like past dental visits, communication, likes, dislikes, how you move, and so on.

### WHO CAN USE IT?

- It was created for individuals with intellectual and developmental disabilities. The Passport can be used by both children and adults who face challenges when visiting the dentist.

### WHY WOULD YOU USE IT?

- It is critical to visit the dentist to make sure your teeth and mouth are healthy. Dental teams who know you well can make your next trip to the office as successful as possible.

### WHEN DO YOU USE IT?

- Once you complete the My Dental Care Passport, it is unique to you. It is most useful to complete it BEFORE the day of your appointment. Email or mail it to your dental office so your team has time to learn about you, make any necessary adjustments, and add your Passport to your records.

### HOW DO YOU USE 'MY DENTAL CARE PASSPORT'?

- Only complete areas you feel comfortable sharing information about. Your Passport is only for your dental team. It will not be shared to anyone without your permission.
- Complete The Passport online or print it out and fill it out by hand.
- You may need help from a family member or caregiver to complete The Passport.

MYDENTALCARE<sup>®</sup>  
PASSPORT

  
Scan the QR Code  
to learn more.

**For users:** This passport is unique to you. Please fill out all information that you think is important.  
[You can find the Passport User Guide here.](#)

**For my dental team:** This is key reading for all staff working with me. It gives important information about how I can be supported when visiting your clinic. This passport should be kept visible and used when you talk to me or have a question about me. [You can find the Dental Team Passport User Guide here.](#)

 **ABOUT ME**

**My name is:**

**I like to be called:**

**My preferred pronoun is:**  
☐ He ☐ She ☐ They ☐ Not listed

**I am my own guardian.**  
☐ Yes ☐ No

**Please check the box that applies:**  
☐ I completed this form myself.  
☐ I completed this form with help from someone else.

**This is the best person to contact for more information about me:**  
Name:

AVAILABLE IN BOTH ENGLISH AND SPANISH AT:  
[WWW.PATHWAYSTOORALHEALTH.COM/MY-DENTAL-CARE-PASSPORT/](http://WWW.PATHWAYSTOORALHEALTH.COM/MY-DENTAL-CARE-PASSPORT/)



SCAN  
ME!

