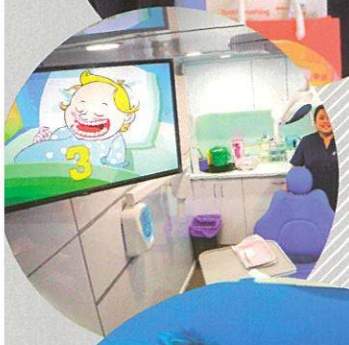


F.A.Q'S

Is there a cost ?*

Medicare's Child Dental Benefit Schedule (CDBS) covers the cost for children that are eligible through Bulk Billing up to $1300. Please fill in the form and we will check eligibility for you and inform you of the status prior to your child's school visit.

What if we already visit a dentist?

Our team specialise in paediatric patients & will be visiting every 6 months, we recommend your child take part in the program with their class friends as well as save school time from revisiting the dentist in future. You will receive a full dental report sent home at the end of the visit.

Do I need to attend the visit ?

No, our experienced dental team will ensure your child is looked after during the visit. However you are more than welcome to attend.

Your child will receive:	Treatment we can complete:
• EXAMINATION	• FILLINGS
• PROFESSIONAL CLEAN	• EXTRACTIONS
• FLUORIDE TREATMENT	• CROWNS
• X-RAYS (IF REQUIRED)	• FISSURE SEALANTS
• DENTAL PACK & REPORT	You will be notified if your child requires any further treatment.

DENTAL FOR SCHOOLS
ONSITE DENTAL CLINIC

Your School Dentist.

CHECK
TREAT
PREVENT

P: (08) 7225 8142
E: PARENTS@DENTALFORSCHOOLS.COM.AU
WWW.DENTALFORSCHOOLS.COM.AU

#dentalforschools

PLEASE FILL IN AND RETURN TO SCHOOL

1. Patient Details

Child's Full Name: _____ Grade & Room: _____

D.O.B _____ School Name: _____

Parent/Guardian Name: _____ Phone: _____

Email: _____

Address: _____ Post Code: _____

2. Patient History

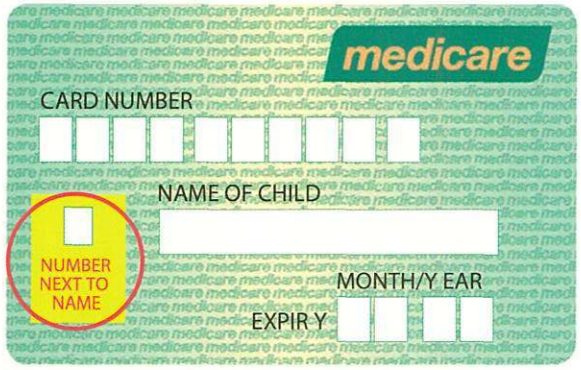
Please tick 'YES' if your child has any of the following conditions:

	YES	NO		YES	NO
Diabetes			Anaemia/Blood Disorders		
Epilepsy			High Blood Pressure		
Asthma			Heart Condition		
Hep. A,B or C (circle one)			Diabetes: Type 1 or 2 (circle one)		

Allergies: _____

Medications: _____

Other conditions: _____



PLEASE FILL ALL DETAILS

1. Has your child visited a dentist in the last 6-12 months?

☐ YES ☐ NO

☐ It's their first Dental Visit !

2. Does the patient have any Private Health Insurance (Dental Cover)?

☐ NO ☐ YES

3. Has your child had x-rays in the last 6-12 months?

☐ NO ☐ YES

Australian Government
Department of Health

DENTAL FOR SCHOOLS
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Medicare Child Dental Benefits Schedule (CBDS)

I, the patient/legal guardian, certify that i have been informed:

- of the treatment that has been or will be provided from this date under the Child Dental Benefits Schedule;
- of the likely cost of this treatment; and
- that i will be BULK BILLED for the services under the Child Dental Benefits Schedule and I will not pay out-of-pocket costs for these services, subject to sufficient funds being available under the benefit cap.

I understand that I/the patient will only have access to the dental benefits of up to the benefit cap.

I understand that benefits for some services may have restrictions and that the child dental benefits schedule covers a limited range of services. I understand I will personally meet the costs of any services not covered by the Child Dental Benefits Schedule.

I understand that the cost of the services will reduce the available benefit cap and that I will need to personally meet the costs of any additional services once benefits are exhausted.

SIGN HERE _____ _____

Parent/Guardian Signature: Date:

3. Privacy & Consent

- I give consent for Dental for Schools to provide dental treatment to my child, including a dental examination and up to 2 diagnostic bitewing x-rays if they are required.
- If my child requires further clean or remineralisation for their teeth, i give further consent for this treatment.
- I have read and understand the Service Disclosure Statement and BULK BILLING costs and I understand that these costs will be BULK BILLED from my $1,000 Medicare Child Dental Benefits (CDBS) balance.
- I give consent for my child's dental information to be securely accessed and stored by Dental for Schools for administration purposes.

SIGN HERE _____ _____

Parent/Guardian Signature: Date:

1. Social Media Consent:

In accordance with the Australian Privacy Principals, Part 2 - Collection of personal Information, I hereby give consent for the use of my child's photo/video material to be utilised by Dental for Schools Instagram/Facebook page and website in promoting Oral Health.

Please Circle: YES / NO

2. Protective Sealants:

After an examination, If my child requires their molars to have protective seals/fissure sealants 88161 and 88162 to be placed, I give consent to have up to 8 protective seals to be completed.

SIGN HERE _____ _____

Parent/Guardian Signature: Parent/Guardian Name: