

CONSENT AND MEDICAL HISTORY FORM

Full Name of Patient	Date Of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
School Name	Grade	Class/Room No.
Address	Parent/Guardian Name	
Email	Contact number	

Medical History

Please ☒ if your child has any of the following mentioned conditions

Heart Condition	Kidney Disease
Blood Disorders	Hepatitis / Infectious Disease
Asthma	Neurological Disorders
Other Respiratory Disease	Diabetes (Type 1 – Type 2)
Epilepsy	Rheumatic fever

Does your child have a physical, sensory or intellectual disability? ☐ Yes ☐ No (Specify details)

Current medication (please list)

Any other medical conditions

Allergies and Adverse Reaction	<input type="checkbox"/> None	Please specify if any allergies
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Has your child undergone dental X-rays within the last 12 months? ☐ Yes ☐ No

I give consent for Dental staff from Australian Smile Group to provide following dental treatments

(Please sign each service individually to provide consent)

⇒ Dental Examination, Clean and Fluoride Treatment	Parent/Guardian Signature _____
⇒ Diagnostic x-rays if required	Parent/Guardian Signature _____
⇒ Fissure Sealants if required.	Parent/Guardian Signature _____

Please see front of the form for further information about specific treatment and associated costs.

Parents/Guardians will be contacted if any further treatments are required other than the consent given above

Please specify if you do not consent for any services _____ Date _____



Australian Government
Department of Health

CHILD DENTAL BENEFITS SCHEDULE BULK BILLING PATIENT CONSENT FORM

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 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 dental benefits of up to the benefit cap.

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

I understand that the cost of 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.

medicare

CARD NUMBER

NUMBER NEXT TO NAME

NAME OF CHILD

VALID TO

Full name of Patient (or) Parent/ Legal Guardian

Patient (or) Parent / Legal Guardian Signature

Date

This form is valid up to 31 December of the calendar year for which it is signed*

In instances where the form is signed towards the end of the calendar year and is not reviewed until the following year, the consent shall remain valid for the first four months of the subsequent year, provided it was signed in the preceding year

Dear Parents/Guardians,

We are delighted to inform you that our qualified Dental Health Team will be visiting your child's educational centre this year.

Our clinical team will be conducting comprehensive exam, cleaning and any required treatment including but not limited to fissure sealants, fillings and stainless-steel crowns. Please be advised that the treatment will **ONLY** be conducted with prior consent. Parents/Guardians will be contacted if any further treatment is required that has not already been consented to.

After your child's appointment you will receive a detailed report outlining what treatment was completed and if anything further is required, either a paper report or via an email (Please provide your email address to receive this report). You will also be informed if your child needs to see local dental services for any matters which cannot be addressed by our dental team.

Is there a cost involved for Dental Services?

Australian Smile Group provides dental services under Child Dental Benefits Schedule (CDBS) via Medicare Bulk Billing meaning **No Out of Pocket Cost Involved*** for eligible children. CDBS provides financial funding of \$1132 per child every 2 calendar years for ELIGIBLE children between the age of 2-17 years.

If your child is not eligible for CDBS, we will provide complimentary oral health screening for your child at no charge. However, private treatment options are available for non-eligible children.

Privacy and Confidentiality

Please fill this form appropriately, as we rely on the given information to be able to provide your child with dental care. All information collected will be kept subjected to the *Privacy Act 1988 (Cth)*.

Importance of Oral Health

Oral health is an integral part of overall health and wellbeing; good habits begin in early childhood. Having children attend regular dental check-ups, whether it is at their educational centre or at a dental practice, is a wonderful way to help them learn about dental care in a familiar and supportive environment.

Thus, it is vital to understand common routine preventive procedures like Fissure Sealants, Fluoride treatment and professional teeth cleaning.

What are Fissure Sealants?

Fissure Sealant is a protective layer aimed at reducing the risk of tooth decay. They are normally applied on the chewing surfaces without removing any tooth structure (non-invasive preventive procedure).



CDBS pricing as set by the Department of Health and will deducted from your child's Medicare balance

Commonly used item codes and Cost

Item	Services	Benefit
88011	Comprehensive Oral Exam	\$59.60
88012	Periodic Oral Examination	\$49.55
88022	Intraoral periapical/Bitewing X-ray	\$34.50
88121	Topical Remineralising Agent	\$39.15

Item	Services	Benefit
88111	Removal of Plaque/Stain	\$60.90
88114	Removal of Calculus First Visit	\$101.55
88161	Fissure/Tooth Surface Sealing (1-4)	\$52.15
88162	Fissure/Tooth Surface Sealing (>5)	\$26.10

The item codes pertaining to your child's dental appointment will be notified via the Oral Health Report. For any further information please visit our website www.australiansmilegroup.com.au or contact us on (03) 91320121