# CONSENT AND MEDICAL HISTORY FORM

			Date Of Birth	Gender
				☐ Male ☐ Female ☐ Other
School Name			Grade	Class/Room No.
Address Email			Parent/Guardian Name	е
			Contact number	
and distant				
Medical History	l haa aw. af tha f	Calla	d	
Please  if your child Heart Condition	nas any of the f			
Blood Disorders		Kidney D	/ Infectious Disease	
Asthma			ical Disorders	<del></del>
Other Respiratory Disease			(Type 1 – Type 2)	
Epilepsy		Rheumat		
		•	-	
				pecify details)
Current medication (plea	ase list)			
Any other medical condi	tions			
Allergies and A	□None	Please specify if an	y allergies	
Adverse Reaction	LINOILE			
		· 100		-
Has your child undergon	e dental X-rays w	vithin the last 12 mo	nths? ☐ Yes ☐ No	
		1 / 200		
give consent for Dental			rovide following dent	tal treatments
Please sign each service				
⇒ Dental Examination,	Clean and Fluori	ide Treatment	Parent/Guardian Sign	nature
⇒ Diagnostic x-rays if required			Parent/Guardian Sign	nature
⇒ Fissure Sealants if re	equirea.		Parent/Guardian Sigr	
				lature
Please see front of the form fo	·			
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This form is valid up to 31 December of the calendar year for which it is signed\*

Date

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)*.

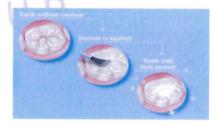
### Importance of Oral Health

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