



# CRANBOURNE EAST SECONDARY COLLEGE

Dated: 8/06/2018

Dear Parent/ Guardian and Students,

## RE: FREE DENTAL SCREENINGS AT SCHOOL FOR SCHOOL STUDENTS

The Australian government has an initiative for schools to have access to mobile Dental clinic services.

National Dental care community service under Victoria Medical and dental services be offering free dental screenings to children at Cranbourne East Secondary on 16th July 2018.

The dental screening is free of charge for eligible students aged 2-17 and provides benefits for the child for basic dental services that includes:

- Dental examination
- Dental X-rays
- Preventive Oral Care, such as oral hygiene assistance, cleaning of teeth and the application of fluoride to the teeth.

This service is provided under the Child Dental Benefits Scheme of the Australian Government.

Early detection of decay and other dental disease is vital in preventing bigger, more painful and expensive problems in the future. Left untreated, dental disease is progressive and will result in greater discomfort and is likely lead to permanent problems, such as tooth loss or lasting pain.

Attached to this letter is a form for parents to fill out. This needs to be filled out and returned to school by no later than 25th June 2018. This falls under the Medicare – Child Dental Benefits Scheme, so parents will need to provide their Medicare number on the form. Please make sure you fill in all sides of the form.

If you do not have medicare and would like for you your child to benefit from a check up, please complete the consent forms and enter your payment details as required.

We would really like for our students to benefit from this service, so parents please take the time to fill in the forms as required.

Please return the paperwork as soon as possible to the relevant administration office.

Kind Regards,

Carys Freeman

Acting School Principal

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**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.*

\_\_\_\_\_  
Patient's Medicare number

\_\_\_\_\_  
Patient / legal guardian signature

\_\_\_\_\_  
Patient's full name

\_\_\_\_\_  
Full name of person signing  
(if not the patient)

\_\_\_\_\_  
Date

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

## CONSENT FORM FOR \$89 DENTAL CHECKUP SCHEME

| DETAILS OF YOUR CHILD     |                  |
|---------------------------|------------------|
| Last Name:                | Middle Name:     |
| First Name(s):            | Date of birth:   |
| Home Address:             | Gender:          |
|                           | Phone (Home):    |
|                           | Phone (Work):    |
| Email:                    | Mobile:          |
| Emergency Contact Person: | Emergency Phone: |
| School Name:              | Grade:           |

I authorize the dentist / oral therapist of Victoria Medical and Dental Services to conduct a comprehensive dental examination on my child through the \$89 (normal value of \$170) dental scheme which includes general checkup, cleaning / scaling & fluoride treatment. I am hereby authorizing Aussie Mobile Dental Services and /or its partners to disclose the results of my child's dental checkup to be shared only with the school and the parent/guardian mentioned herein.

### Patient Health History

| Please circle all that apply:                                     |        | Details |
|---|--------|---------|
| Does your child suffer from any medical conditions?               | Yes No |         |
| Do any of your family members suffer from any medical conditions? | Yes No |         |
| Does your child currently take any medication?                    | Yes No |         |
| Is your child allergic to anything?                               | Yes No |         |

Parent/Guardian **SIGNATURE:** \_\_\_\_\_

Parent/Guardian **Printed Name:** \_\_\_\_\_

### PAYMENT OPTIONS:

#### Payment via Credit Card

|                     |      |
|---------------------|------|
| Name on Credit Card |      |
| Credit Card Number  |      |
| Expiry Date (MM/YY) |      |
| CCV                 |      |
| Amount Payable      | \$89 |

Victoria Medical and Dental Services will keep all the personal & payment details confidential as per the Australian govt. regulation.

# Dental Stem Cells Storage {Tooth Bank}

## What Is Tooth Banking?

Tooth Banking is the storing of dental stem cells that have the ability to regenerate into various cell types. When your child's tooth or your own is extracted by a dental professional, dental stem cells are harvested from the dental pulp within the tooth. Baby teeth and wisdom teeth are rich in dental stem cells. These cells within the pulp are a valuable source of highly regenerative stem cells. These dental stem cells are preserved indefinitely by being isolated from the dental pulp and cryogenically frozen

## Clinical Benefits

Cancers (Leukaemia, Lymphoma), Metabolic Disorders, Gum Disease, Bone Marrow, Immunodeficiency's, Failure Syndromes, Cardiovascular diseases, Spinal Cord injury, Bond/Cartilage repair, Multiple Sclerosis.

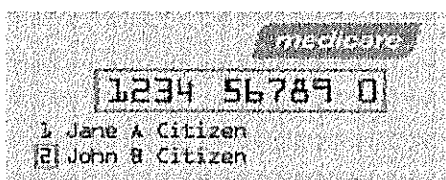
## Emerging Applications

Stroke, Type 1 Diabetes, Brain Injury, Corneal Damage, Hearing Loss, Cerebral Palsy, Autism, Muscular Dystrophy, Alzheimer's, Parkinson's, Tooth Loss, Jawbone Regeneration, Facial Reconstruction, Heart Defects, Heart Attack, Kidney Disease, Deafness, Crohn's Disease.

| DETAILS OF YOUR CHILD     |                           |
|---------------------------|---------------------------|
| Last Name:                | Middle Name:              |
| First Name(s):            | Date of birth:            |
| Home Address:             | Gender:                   |
|                           | Phone (Home):             |
|                           | Phone (Work):             |
| Email:                    | Mobile:                   |
| Emergency Contact Person: | Emergency Contact Number: |

| DETAILS OF SCHOOL |         |
|-------------------|---------|
| School Name:      | Grade : |

| MEDICAL/ DENTAL HISTORY  |          |
|--|----------|
| Is your child allergic to any medicines or food?<br>If YES, please give details:   | YES / NO |
| Does your child have any medical condition(s)?<br>If YES, please give details:   | YES / NO |
| Is your child receiving treatment from another dentist?<br>Have you been to dentist in last six months?  | YES / NO |
| <i>Are you interested in Dental stem Cells Storage {Tooth Bank}</i>  | YES / NO |
| <p><b>Save Your Kid's Future, Secure Life with Dental Stem Cell</b></p> <p><i>Potential Applications for Dental Stem Cells: Stroke, Heart disease, Alzheimer's, Parkinson's, Diabetes, Kidney Diseases, Liver Diseases, Brain Damage, Muscular dystrophy, Bone loss, Multiple Sclerosis, Neural injuries, Cancers {Leukemia, Lymphoma}</i></p> |          |

| MEDICARE DETAILS   |                          |
|--|--------------------------|
| Individual Reference Number (IRN) on the Medicare card<br>(single digit number given against the left side of your name) | <input type="checkbox"/> |
| Medicare Card Number:  | <input type="text"/>     |
|                                      |                          |

WWW.VICTORIAMEDICALDENTAL.COM.AU



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