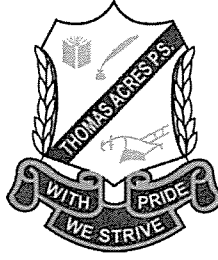




School Dentist Week



- DATE:** Monday 6th – Tuesday 14th of November 2023.
- TERM:** Term Four
- COST:** Free services to all children eligible through the Child Dental Benefits Schedule (**Medicare**)
If not eligible, Teeth N Smiles can provide:
Oral examination, clean, and fluoride for **FREE**.
- SERVICES:** **Free** oral examination, scale, clean fluoride. If recommended by the dentist Fissure seals, temporary fillings, permanent fillings, or x-rays may further be Provided
- MORE INFO:** Call 1300 266 003
www.teethnsmiles.com.au

Dear Parents and Carers,

Teeth N Smiles will be on-site at **Thomas Acres Public School** from **Monday 6th – Tuesday 14th of November 2023**. This is an optional service. The list treatments offered by Teeth N Smiles are listed above. Please complete the consent form and return it by **Monday 30/10/2023**. to your child's classroom teacher or school office.

*See overleaf for further information.



FISSURE SEALANTS

What is a fissure sealant? Fissure sealants are a plastic coating applied to children's back teeth and are a safe and painless way of protecting your children's back teeth from tooth decay. Most tooth decay in children occurs in their back teeth.

How are fissure sealants applied? It is quick and straight forward, taking only a few minutes per tooth. Our Dentist will clean and prepare the tooth with a special solution. The tooth is dried with air. The liquid is then applied and set hard using a special light. It is pain free.

How long do they last? They can last for many years and the dentist may check them at each check-up. They can wear over time and your Dentist may add or replace some sealant.



School Dentist

Brought to you by Teethnsmiles Mobile Dental Group

School Student Consent Form

School Name

Family Name

First Name

Date of Birth

Gender

☐ Male

☐ Female

Grade / Class

Teacher

Parent/Guardian Name

Contact Number

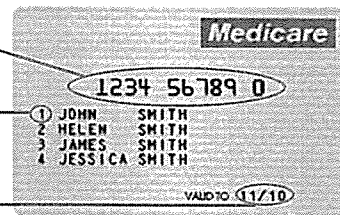
Home address

Email address

Medicare Card Number

Child Individual Reference Number

Expiry Date



Please tick if you agree to the following:

- ☐ 1. Please conduct Medicare eligibility check
- ☐ 2. If eligible, please provide free oral examination / scale / clean / fluoride.
- ☐ 3. If recommended by the Dentist, please also provide fissure seals / temporary fillings / permanent fillings / x-rays. Should an extraction be necessary, we will contact the parent/guardian to advise.
- ☐ 4. If not eligible, please select Option 1 below:
- ☐ If not eligible, Option 1: Please provide FREE oral examination/clean/fluoride

FISSURE SEALANTS

What is a fissure sealant ? Fissure sealants are a coating applied to children's back teeth and are a safe and painless way of protecting your children's back teeth from tooth decay. Most tooth decay in children occurs in their back teeth.

How are fissure sealants applied? It is quick and straight forward, taking only a few minutes per tooth. Our Dentist will lean and prepare the tooth with a special solution. The tooth is dried with air. The liquid is then applied and set hard using a special light. It is pain free.

How long do they last ? They can last for many years and the dentist may check them at each check up. They can wear over time and your Dentist may add or replace some sealant



Medical History Questionnaire

Please provide details or discuss them with your dentist. Information about your medical history is for your dentist's use only.

Are you receiving any medical treatment at present? Yes ☐ No ☐ Details:

Have you had any serious or long standing illness? Yes ☐ No ☐ Details:

Have you ever been hospitalised? Yes ☐ No ☐ Details:

Are your child's immunisations up to date? Yes ☐ No ☐

Please indicate if you have EVER had any of the following:

☐ Allergies (e.g. latex, penicillin, milk protein, etc)

If yes, provide details:

☐ Any heart complaint/treatment

☐ Rheumatic fever or heart valve surgery

☐ High or low blood pressure

☐ Blood disorders / bleeding disorders

☐ Epilepsy

☐ Diabetes

☐ Familial diseases

☐ Infectious disease (measles/chicken pox), especially in the last three weeks

☐ Tuberculosis

Current Medications:

☐ Any nervous system disorder

☐ Asthma/bronchitis/lung conditions

☐ Radiation therapy / chemotherapy

☐ Thyroid disease

☐ Hepatitis, jaundice or liver disease

☐ Treatment for any form of cancer

☐ Transplanted organ or bone marrow

☐ Kidney conditions

Details if yes to any of the conditions:

I agree that the above is a true and accurate record. Please note, this form is a guide only and you should discuss any relevant matters with your dentist prior to the commencement of any dental treatments. Please see our website for our privacy statement. By signing below, I consent to my child receiving part or all of the aforementioned treatments as recommended by the Dentist.

Child's Name:

Date of Birth:

Parent/Guardian Signature

Date:



School Dentist

Brought to you by Teethnsmiles mobile dental services

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.





School Dentist

Brought to you by Teethnsmiles mobile dental services

Information for Parents – School

What service is offered?

Teethnsmiles is a unique initiative that provides high quality, on-site dental care to children aged 2-17. Under the Child Dental Benefits Schedule (CDBS), funded by Medicare / Australian Federal Government, our service for eligible* children come at no cost to the school or the parents.

Who are the Dentists?

Teethnsmiles comprises a team of accredited and experienced Dentists and Oral Health Therapists with a keen desire to provide early intervention and essential dental care to children.

What services are provided?

After receiving written consent from you as their parent/guardian, your child will be provided with:

Preventative Care:

- Oral examination
- Cleaning of teeth and remineralisation application. Fissure seals and temporary fillings for eligible children if recommended by Dentist.
- Letter will be provided on the day of your child's visit outlining the treatment they received. If additional treatment is recommended we will forward a detailed treatment plan to the centre for distribution to you within 14 days.

Additional Care:

- We will contact you if the Dentist recommends an extraction.

What does it cost?

Eligible Children*: For eligible children, the total benefit under Medicare (CDBS) is capped at \$1000 over a two-calendar year period. We confirm eligibility with Medicare prior to your child's consultation with our Dentist. Eligibility for this service is linked to recipients of Family Tax Benefit A.

Ineligible children: For children not covered under Medicare (CDBS) we can provide FREE preventative care including oral examination, teeth clean and fluoride application, plus a letter setting out your child's current oral health status.

How can my child participate in the program?

Your child can participate in the program after filling in our consent form/medical questionnaire. This form needs to be returned to the school prior to your child seeing the Dentist.

Where can I go for more information on this scheme?

To learn about the CDBS, head to the Medicare website at: www.humanservices.gov.au/healthprofessionals/services/child-dental-benefits-schedule/

Our mobile service is filling the gap in dentistry!

📞 1300 266 003

📍 Ground Suite 2, 215 Albany Street
Gosford, NSW 2250

✉ coast@teethnsmiles.com.au