

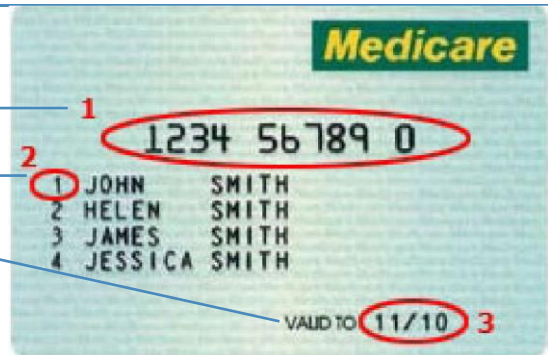
# The School Dentist

Brought to you by Future Care Mobile Dental Services

## Child Care Centre Consent Form

Name of Centre			
Family Name		First Name	
Gender		Date of Birth	
Parent/Guardian Name			
Home address			
Phone Number		Emergency contact	
Email address			

Medicare Card Number	
Child Individual Reference Number	
Expiry Date	



Please tick:

- 1. Please conduct Medicare eligibility check
- 2. If eligible, please provide free oral examination / clean / fluoride
- 3. If not eligible, please provide oral examination / clean / fluoride for \$79

**Can my Child still be seen if they are not eligible for the free dental service?**

Yes! Our Dentist can see your child and provide them with an oral examination, clean and fluoride for just \$79. We will provide you with a receipt and you can claim on your private health insurance if applicable.

Signature : \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Call our team on 9723 0333  
for more information

www.fcndental.com.au | admin@fcndental.com.au



## Medical History Questionnaire

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

Past/Current medical conditions		
Are you receiving any medical treatment at present?	Y / N	Details
Have you had any serious or long standing illness?	Y / N	Details
Have you ever been hospitalised?	Y / N	Details

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

Any heart complaint/treatment	Y / N	Any nervous system disorder	Y / N
Rheumatic fever or heart valve surgery	Y / N	Asthma/bronchitis/lung conditions	Y / N
High or low blood pressure	Y / N	Radiation therapy / chemotherapy	Y / N
Blood disorders / bleeding disorders	Y / N	Thyroid disease	Y / N
Epilepsy	Y / N	Hepatitis, jaundice or liver disease	Y / N
Diabetes	Y / N	Treatment for any form of cancer	Y / N
Familial diseases	Y / N	Transplanted organ or bone marrow	Y / N
Infectious disease (measles/chicken pox), especially in the last three weeks	Y / N	Kidney conditions	Y / N
Tuberculosis	Y / N	Other	

Details if yes to any of the above:

Details if yes to any of the above:			
Are your child's immunisations up to date?	Y / N	Current medications	
Allergies (e.g. latex, penicillin, milk protein, etc):			

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.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature : \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Payment Options

Please tick your preferred payment option:

Pay via credit card

Pay via direct deposit

Name on credit card	
Credit card number	
Expiry date (MM/YY)	
CCV	
Amount payable	\$79

Our account name	Future Skills Network Group
BSB	012 110
Account Number	295 987 518
Please put your child's full name and school as the reference	

Pay via PayPal

To pay via PayPal, download the PayPal app or log onto the PayPal website. When asked, our email address is [accounts@fcmdental.com.au](mailto:accounts@fcmdental.com.au). Follow the prompts from there to pay \$79 for the service.



**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

# The School Dentist

Brought to you by Future Care Mobile Dental Services

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

## Information for Parents – Childcare

### What service is offered?

The School Dentist 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 comes at no cost to the centre or the parents.

### Who are the Dentists?

The School Dentist comprises a team of accredited and experienced Dentists 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:

- Oral examination
- Cleaning of teeth and fluoride application. Fissure seals for eligible children if recommended by Dentist.
- Letter setting out your child's current oral health status (letters delivered to the Centre 1-2 weeks after the Clinic has concluded)

### 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 preventative care including oral examination, teeth clean and fluoride application, plus a letter setting out your child's current oral health status for \$79.00 per child. If fissure seals are recommended, we will contact you to advise pricing to give you the option of your child receiving this additional treatment. Payment is available via EFT/Credit Card/PayPal for your convenience

### 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 centre 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/health-professionals/services/child-dental-benefitschedule/](http://www.humanservices.gov.au/health-professionals/services/child-dental-benefitschedule/)