

Facility:
 Phone:

Wide Bay Oral Health Service

OFFER OF DENTAL TREATMENT

We are now offering students of an examination and treatment at the Oral Health facility which is due at your school soon

CHILD ELIGIBILITY CRITERIA - There are 2 ways to be eligible

- 1 Be eligible for Medicare & Child Dental Benefits Schedule **OR**
- 2 Be eligible for Medicare & be aged between prep & Grade 10

A Parent / Guardian **MUST** attend with your child at the **1st APPOINTMENT** Why?

- * We need important medical history information about your child
- * You need to sign some forms electronically
- * You can discuss your child's oral health needs with us

After that we ask for a parent or responsible adult to come to any further appointments

If your child has a toothache ring 4303 8059

Please note

- * Family group appointments are available (from same school)
- * Before and after school appointments are **very** limited
- * Failure to attend an appointment can delay treatment for EVERYONE so please work with us! 😊

To accept this offer:

Please complete this form and return to the office by:

We will be in contact with you to arrange your first appointment

Please complete opposite page and return to school office /dental facility and keep this side for your information.

MUST be completed in PEN (pencil will not be accepted)

Child's Medicare Card No:

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Child's Last Name: as per Medicare Card
 First Name: as per Medicare Card

Child is also known as

Child's DOB: Gender M F

Child's Grade class School

Home Address:

Postal address:

Home Phone Number

Parent Mobile Number

Parent Email address

Indigenous status N - non Aboriginal, A - Aboriginal, T - Torres Strait Is, AT - both

Country of birth Language

Do you consent to receive SMS messages Yes No

Parent/Guardian Name:

Relationship to child:

Has your child had dental treatment before? Yes No

If so Location?