



NSW Health Primary School Mobile Dental Program

NSW Health is pleased to offer your child a free school-based dental check-up.

This pack includes information about the NSW Health Primary School Mobile Dental Program and the

- treatment consent form
- financial consent form

Is there a cost?

No, this is a free service provided by the NSW Government.

Your child may also be eligible for the Australian Government's Child Dental Benefits Schedule (CDBS), which is like Medicare. The Australian Government allows us to make a claim on your behalf for this dental care if you sign the CDBS consent form. If your child is not eligible, NSW Health will provide care free of charge.

We encourage you to sign the CDBS financial consent form as this will help support us to provide dental care in NSW, but it is not compulsory.

Treatment information

What is included?

If you provide consent, your child may receive:

Treatment	Description
Dental check-up	Comprehensive examination including: risk factor assessment, oral health education, a growth assessment (height and weight measurement and body mass index (BMI) calculation). It is standard practice in NSW Health public dental clinics for all children to have a growth assessment during their dental check-up as part of good clinical care.
Dental x-rays (if required)	2 small dental x-rays (if needed) to see inside the teeth and under the gums to check the adult teeth are growing.
Clinical images (if required)	Clinical photographs inside the mouth (if needed) of teeth, gums, tongue, cheeks, and lips.
Dental clean (if required)	A clean of the teeth to remove plaque and/or calculus.
Fissure sealants (if required)	Sealing the grooves of permanent molar teeth to help prevent tooth decay
Fluoride varnish application (if required)	Application of a sticky fluoride paste to the teeth to help prevent tooth decay

It is recommended you visit the website to read more about the treatments your child may receive. Or contact your Local Health District on the details overleaf.

What you need to do:

1. **Read** all the information in this pack
2. **Complete** the consent form in English
3. **Sign** the treatment consent form
4. **Complete** the risk factor information questionnaire (this helps us provide personalised care to your child)
5. **Read** the Child Dental Benefits Schedule information sheet
6. **Sign** the Child Dental Benefits Schedule bulk billing patient consent form (optional)
7. **Return the consent forms to your child's school** as soon as possible

What if my child already has regular dental care?

If your child has regular private dental care, it is recommended to continue care with them. In NSW all children can receive free dental care in public dental clinics. Public dental clinics provide both general and emergency dental services.

What if my child has an urgent dental problem now?

Signs that your child may need urgent dental care include:

- swelling of the face
- swelling in the mouth
- persistent bleeding in the mouth
- an accident involving damage to the mouth or teeth
- dental pain (e.g. in teeth, mouth, gums or jaw)

Call your local public dental clinic. Outside business hours, take your child to the public hospital emergency department.

To find out which Local Health District (LHD) you live in, scan the QR code below:



Enquiries about the NSW Health Primary School Mobile Dental Program

For more information about the NSW Health Primary School Mobile Dental Program including:

- Frequently Asked Questions
- Treatment Information
- Our Privacy statement
- How your information is used

Visit www.health.nsw.gov.au/primaryschool dental or scan the QR code below:



Do you need an interpreter?

If you need an interpreter to complete these forms, please call one of the numbers below:

Local Health District	Phone
Central Coast LHD, Far West LHD, Hunter New England LHD, Mid North Coast LHD, Northern LHD and Western LHD	(02) 4924 6285
Illawarra Shoalhaven LHD, Murrumbidgee LHD and Southern NSW LHD	1800 247 272
South Western Sydney LHD	(02) 8738 6088
South Eastern Sydney LHD, Sydney LHD	1800 477 233
Nepean Blue Mountains LHD, Northern Sydney LHD, Western Sydney LHD	(02) 9912 3800

NSW Health Primary School Mobile Dental Program



Treatment consent form

Please complete all pages.

Complete in CAPITAL letters using a black or blue pen. Please return the completed form to your child's school. If you have any questions about completing this form, please contact your local public dental service.

Student details

Family Name: (as appears on their Medicare Card)

Given name/s:

Gender:

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Date of birth:

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Country of birth:

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Name of School:

School year:

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Home address: (eg. 5 Smith Lane)

Suburb:

Postcode:

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Medicare Card Number (10 digits):

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Child's number on card:

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Medicare expiry date:

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Please tick the boxes that apply to your child:

Child does not have a Medicare Number:

Language(s) spoken at home:

<input type="checkbox"/>	English	<input type="checkbox"/>	Other (SPECIFY)

Preferred language (SPECIFY):

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Requires interpreter?:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Indigenous status:

<input type="checkbox"/>	Neither Aboriginal nor Torres Strait Islander
<input type="checkbox"/>	Aboriginal
<input type="checkbox"/>	Torres Strait Islander
<input type="checkbox"/>	Both Aboriginal and Torres Strait Islander

Requires an approved Aboriginal representative:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Your details – Parent or Legal Guardian

Family name:

Given name/s:

Relationship to the child:

Mobile number:

Email address:

Medical information

Please tick the boxes that apply to your child:

My child has an allergy (e.g. latex, natural resin).

 Yes No Don't know/unsure

My child has a medical condition.

 Yes No Don't know/unsure

My child requires regular medication.

 Yes No Don't know/unsure

My child has a disability.

 Yes No Don't know/unsure

If you answered yes to any of the above, please describe.

Dental information

Has your child had any dental problems (e.g. tooth decay) in the past?

 Yes
 No

If you answered yes above, please describe.

When did your child last visit a dental professional?

 Less than 12 months ago
 More than 12 months ago
 Never
 Don't know/unsure

Was your child's last dental visit made at a:

 Private dental practice including health fund dental clinic
 Public dental clinic/dental hospital
 Any other place
 Don't know/unsure
 NSW Health Primary School Mobile Dental Program

Please provide the name and contact details of your child's last dental provider

Has your child had a fluoride application in the last 6 months?

 Yes No Don't know/unsure

Has your child had dental x-rays in the last 6 months?

 Yes No Don't know/unsure

Treatment consent

- I have read and understood the information provided about the NSW Health Primary School Mobile Dental Program.
- I understand that I can withdraw consent at any time. To do this, view the FAQs on the website: www.health.nsw.gov.au/primaryschool dental
- I have had an opportunity to ask questions and seek clarification on the information I have been provided by calling the public dental service contact numbers enclosed in this information package or by visiting the website: www.health.nsw.gov.au/primaryschool dental
- I understand that a Local Health District representative may contact me to clarify any of the information provided in this form and/or to discuss my child's oral health.
- I have had the opportunity to view the Privacy Statement on the NSW Health website at: www.health.nsw.gov.au/patients/privacy/Pages/privacy-leaflet-for-patients.aspx. I understand that my and/or my child's personal information (including health information) may be disclosed in certain circumstances as set out in that Statement.
- I declare to the best of my knowledge that I have provided accurate information about my child including any medical conditions which may affect dental treatment.

Please complete the following and sign in the box next to each of the treatments that you would like your child to receive. If you do not sign the dental check-up, no appointment can occur.

I (full name)

on (today's date), / / 20 sign below to provide consent for my

child (full name)

(date of birth), / / to receive the following, as clinically needed:

Treatment	Description	Parent/Legal Guardian Signature
Dental check-up	Comprehensive examination including risk factor assessment, growth assessment, and oral health education. Without consent to a dental check-up, no other treatment can be provided.	X
Dental x-rays (if required)	On average, two small dental x-rays	X
Clinical images (if needed)	Clinical photographs inside the mouth of teeth, gums, tongue, cheeks, and/or lips.	X
Dental clean (if required)	A clean of the teeth to remove plaque and/or calculus	X
Fissure sealants (if required)	Sealing the grooves of permanent molar teeth to help prevent tooth decay	X
Fluoride varnish application (if required)	Application of a sticky fluoride paste to the teeth to reduce the risk of tooth decay	X

Do you wish to attend your child's appointment? Yes No

****Please complete and return to your child's school - page 3 of 4****

Risk factor information questionnaire

To help us assess your child's teeth, please tick the most appropriate box and specify the quantities where required:

1. How often does your child usually drink sugar sweetened drinks such as soft drinks, cordials, sports drinks, energy drinks or iced teas?

(1 cup = 250ml. 1 can of soft drink = 1.5 cups.

A 500ml bottle of sports drink = 2 cups)

Every day
Approximate number of cups per day:

A few times a week
Approximate number of cups in a week:

Rarely or never

Don't know/unsure

2. How often does your child usually drink water?

(1 cup = 250ml or a household tea cup.

A 600ml bottle of water = 2.4 cups)

Every day
Approximate number of cups per day:

A few times a week
Approximate number of cups in a week:

Rarely or never

Don't know/unsure

3. How often does your child usually eat sweet biscuits, cakes, pastries, or snack bars? (Snack bars include muesli bars, breakfast bars and protein/energy bars and balls)

Every day
Approximate number per day:

A few times a week
Approximate number in a week:

Rarely or never

Don't know/unsure

4. How often does your child brush his/her teeth with toothpaste?

Rarely or never

Less than once/day

Once a day

Twice a day

More than twice a day

Don't know/unsure

5. What type of toothpaste does your child use?

Standard fluoride toothpaste

Children's fluoride toothpaste

Non-fluoride toothpaste

Don't know/unsure

6. How do you rate your child's teeth and mouth?

Poor

Fair

Good

Very good

Excellent

Child Dental Benefits Schedule information sheet

Dental care for children in NSW

All children can receive free public dental services in NSW.

Some children may also be eligible for the Australian Government's Child Dental Benefits Schedule (CDBS), either way, they will receive the same high standard of care at no cost to you.

What is CDBS?

The CDBS is administered by the Australian Government and gives eligible children access to up to \$1,026 worth of dental services over 2 calendar years.

Children are eligible if they are:

- Aged 0 to 17 years for any one day of the calendar year and
- Eligible for Medicare and
- Part of a family that receives Family Tax Benefit Part A, or the child receives an Australian Government payment from the list available through the Department of Human Services at <https://www.servicesaustralia.gov.au/child-dental-benefits-schedule>

You don't need to register your child for the CDBS.

How can my child use CDBS?

Your child can use their CDBS at:

- this school-based program,
- a NSW public dental clinic or,
- a private dental practitioner.

Financial consent

There will be no cost to you. Even if you do not sign the financial consent form your child will still receive free dental treatment from NSW Health. The financial consent form is a separate form to the blue treatment consent form.

If the \$1,026 cap is reached, or your child needs further treatment that is not covered, you will not be charged any fees.

What you need to know about the value of your child's dental care.

If you give financial consent then we can make a claim from the Commonwealth Government. This amount will not be more than \$582.85 for any of the treatments already mentioned. You will not pay for any treatment.

First appointment

The expected maximum value of treatment that may be claimed under the CDBS for your child's first appointment is outlined in the table below:

Treatment description	Treatment item code	CDBS Value
Dental check-up	88011	\$54.05
Two small dental x-rays	88022 x 2	\$31.25 x 2
A clean of the teeth to remove plaque	88111*	\$55.20
A clean of the teeth to remove calculus	88114*	\$92.05
Application of fluoride varnish	88121	\$35.45
Fissure sealing the grooves of up to 8 permanent molar teeth	88161 x 4 88162 x 4	\$47.25 x 4 \$23.65 x 4
Total cost		\$582.85

*Please note that only one of these two items may be claimed in an appointment.

Review appointment (if required)

The expected maximum value of treatment that may be claimed under the CDBS for your child's review appointment is outlined in the table below;

Treatment description	Treatment item code	CDBS Value
Dental check-up	88013	\$28.20
Application of fluoride varnish	88121	\$35.45
Total cost		\$63.65

If further treatment is required, you will be contacted by the public dental service to discuss this and the CDBS value of any treatments required.

All children living in NSW can receive free public dental services.

For more information:

Visit www.health.nsw.gov.au/cdb or visit the Australian Government's Department of Human Services website at www.servicesaustralia.gov.au/child-dental-benefits-schedule

You can check your child's eligibility and CDBS balance through your Medicare online account at my.gov.au or by calling 132 011.

FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

D.O.B. ____ / ____ / ____

M.O.

ADDRESS

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Facility:

CHILD DENTAL BENEFITS SCHEDULE BULK BILLING PATIENT CONSENT

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 subject to sufficient funds being available under the benefit cap, and I will not pay out-of-pocket costs for these services.

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 that the cost of services will reduce the available benefit cap.

/

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 for the first full calendar year (Jan-Dec) in which your child gets their first eligible dental service, unless you withdraw your consent.



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Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING

CHILD DENTAL BENEFITS SCHEDULE
BULK BILLING PATIENT CONSENT

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