

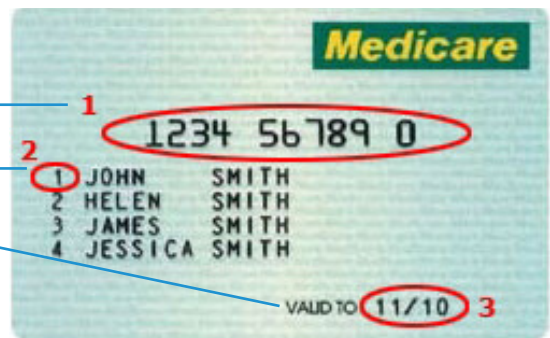
# The School Dentist

Brought to you by Future Care Mobile Dental Services

## School Student Consent Form

School Name			
First Name		Last Name	
Date of Birth (DD/MM/YY)		Grade	
Class		Teacher	
When did your child last visit a dentist?		Parent/Guardian contact number	
Home address			
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 / scale / clean / fluoride. If additional treatment is required, such as fissure seals, fillings, extractions, or x-rays, parent/guardian will be advised.
- 3. If not eligible, please provide oral examination / scale / clean / fluoride for \$99. Parent or Guardian will be contacted if additional treatment is required.

Please sign below if you consent to us providing the above mentioned services.

I am the parent / guardian / person financially responsible (please circle)	
Name	
Address	
Contact number	

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

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

Call our team on 9723 0333  
for more information



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## 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:			
Are your child's immunisations up to date?	Y / N	Current medications	
Allergies (e.g. latex, penicillin, 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**

Name on credit card	
Credit card number	
Expiry date (MM/YY)	
CCV	
Amount payable	\$99

**Pay via direct deposit**

Our account name	Future Skills Network Group
BSB	012 110
Account Number	295 987 518
Please put your child's full name 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@fcm dental.com.au](mailto:accounts@fcm dental.com.au). Follow the prompts from there to pay \$99 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

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

# The School Dentist

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## Information for Parents – School

### 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 school 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:

#### **Preventative Care:**

- Comprehensive oral examination
- Cleaning of teeth and fluoride application

#### **Additional Care:**

- We will contact you if the Dentist recommends additional treatment eg fissure seals, fillings, extractions, x-ray

### What does it cost?

**Eligible Children\*:** For eligible children, the total benefit under Medicare (CDBS) is capped at \$700 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 the same level of **Preventative Care** for \$99.00 per child. 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 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/health-professionals/services/child-dental-benefits-schedule/](http://www.humanservices.gov.au/health-professionals/services/child-dental-benefits-schedule/)

***Our mobile service is filling the gap in dentistry!***

