

Future Care Mobile Dental Services

Aged Care Consent Form

Facility

Facility Name	
Facility Address	

Patient

Title		First Name	
Surname		Date of Birth	

Authorised Consentee Details

Title		First Name	
Surname		Relationship to patient	
Address			
Phone Number		Email address	

I hereby consent for Future Care Mobile Dental Services to provide the nominated service/s to the patient aforementioned. I acknowledge that I am financially responsible for the costs involved in providing treatment.

Signature : _____

Date: ____/____/____

GP Details

GP Name		Phone	
Clinic Name		Email address	
Address			

Patient Medical History



Future Care Mobile Dental Services

Dental Services

Please make your selection and return this completed form to the facility as soon as possible

- Dental Services**
Comprehensive Exam & Clean \$169
Oral examination including oral hygiene instructions. Scale, clean and fluoride.
- Denture Services**
Denture examination only \$80
Includes assessment of gum health and review of denture fit

Payment Details

Please select if applicable

- DVA Gold Card Holder**
Card no: _____
- Trustee (e.g. State Trustees)**
Trustee Name: _____
Reference no: _____

Credit Card Details

Payment for treatment is pre-approved by credit card authority

- Visa Mastercard

Expiry Date (MM/YY): _____

Credit Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Verbal/Phone Consent (Office Use Only)

Should further treatment be recommended by the Dentist, a detailed quote will be forwarded to you for approval. Prosthetics (dentures) will require 50% of the total cost to be prepaid before denture manufacture can commence.

Date / Time		Person spoken to	
Staff Name		Staff Signature	

